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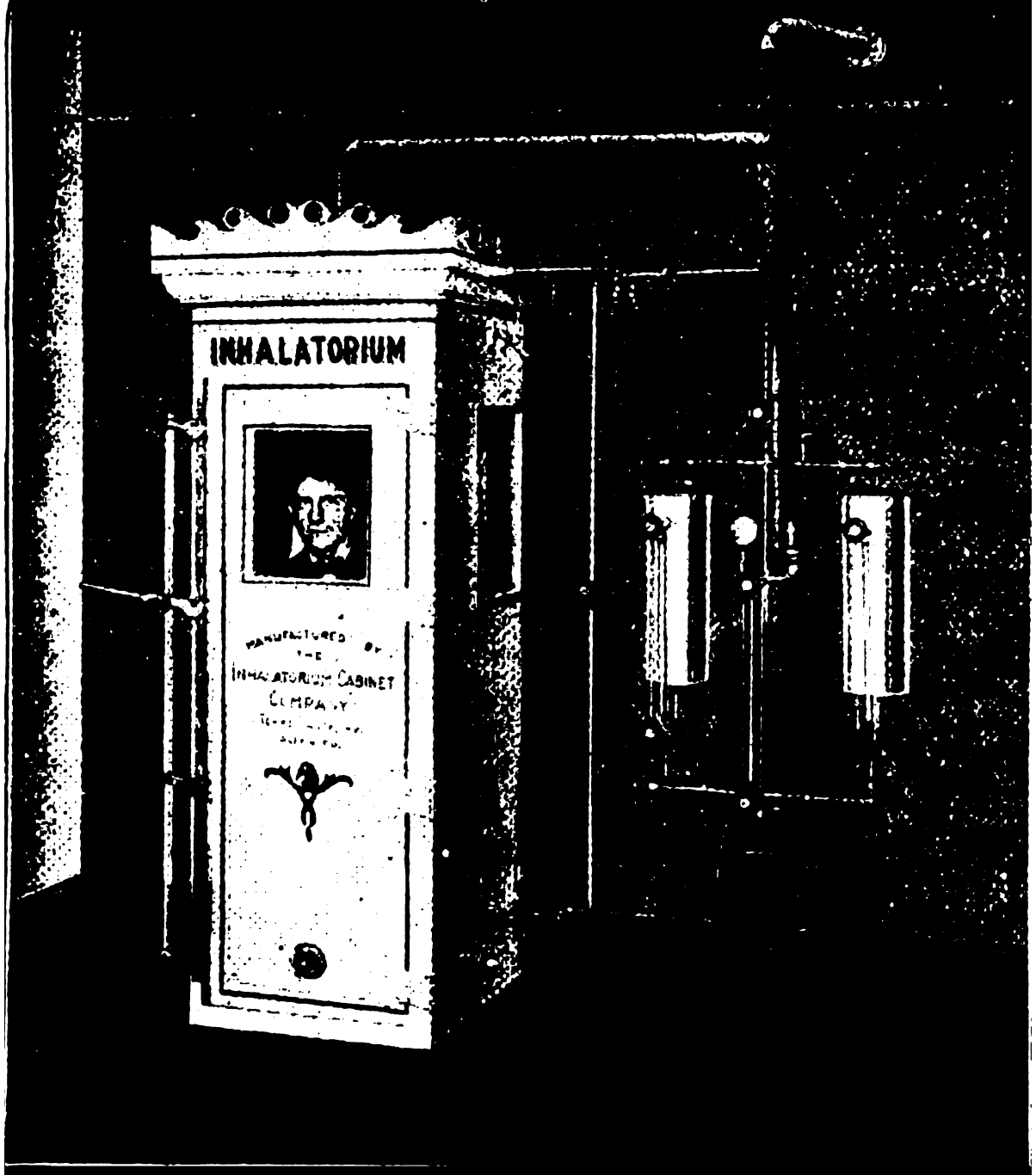

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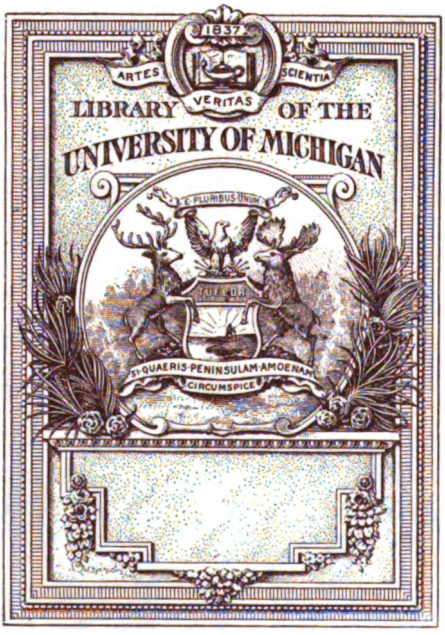

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For Texas Medical Journal.

The Treatment of Extra-Uterine Pregnancy.

BY AIME PAUL HEINECK, CHICAGO, ILL.,

Surgeon to the Samaritan and Cook County Hospital; Professor of Surgery, Dearborn Medical College; Adjunct Professor of Surgery, College of Physicians and Surgeons, University of Illinois.

Extra-uterine pregnancy is of far more frequent occurrence than the current literature of the subject would indicate. The diagnosis of this condition is often a matter of great difficulty. Hence, the failure to recognize, or rather to diagnose this condition, is largely responsible for the morbidity and the mortality which so frequently accompanies extra-uterine gestation.

A knowledge of the possible termination is essential before there can be a rational discussion of the methods of treatment:

1. Gestation may go to term and a viable child be delivered through channels created by the surgeon. This mode of termination is exceptional. Even when it does occur the child may live but a few days. It is frequently the subject of malformations. These malformations are due to the unnatural conditions of existence under which the extra-uterine child develops. The operation necessary for their delivery may determine the death of the mother or child, and frequently of both. Both the ovarian and tubal varieties of pregnancy may be terminated by the surgical delivery of a viable child. In the absence of surgical intervention, an extra-uterine pregnancy always terminates fatally for the child, and very frequently so for the mother.

2. Gestation may go to term, at which time the fetus may die and remain undelivered, persisting in the maternal organism as a cyst, a fetal cyst.

3. The fetus may die at any time previous to term or at term.

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If the gestation be advanced in development, the ovum will not be absorbed.

In all cases, where the fetus is retained, the life of the mother is menaced on account of the degenerative and other changes that may take place in the fetus and in its envelopes. The life of a woman who carries an encysted fetus is in continuous peril.

Degenerative changes may take the form of: (a) Putrefaction; (b) of infection; (c) the fetus may persist in a cartilaginous state; (d) it may be converted into a friable fatty soap-like substance and then be known as an adipocere; or, (e) it may be changed into a lithopedion; or, (f) a connective tissue membrane may form a capsule encysting the fetus.

Fetal cysts may cause (1) mechanical interference with the development of a uterine pregnancy; may complicate the delivery of a uterine fetus; (2) may be a source of mechanical irritation to contiguous organs, producing symptoms of dysuria, rectal and vesical tenesmus, and (3) by mechanical compression of neighboring organs may cause symptoms of intestinal obstruction, urinary retention, as well as various displacements of the uterus.

On the death of the fetus, the liquor amnii is absorbed, no more is secreted, the cyst shrinks and the product of conception remains in the maternal organism.

Full-term extra-uterine fetuses are rarities. However, they have been found in the abdominal cavity at necropsies, and also at the operating table.

On death of the fetus the gestation sac should be regarded and treated as a cyst, a fetal cyst. Fetal cysts frequently become adherent to neighboring organs and to neighboring tissues, and by ulcerating into or through them may discharge their contents partially or completely into the bowel, the vagina, urinary bladder, into the uterus, etc. Many cases are reported in which the fetal cysts opened into the rectum and discharged their contents per ano. They have been known to become adherent to, and by means of an ulcerative inflammation to eventually discharge their contents through the abdominal walls.

There may be more than one channel of elimination, as in Fenwick's[1] case, in which the gestation sac, of several years' duration, contained a macerated fetus and had formed two fistulae, one opening into the bowel, and the other into the bladder. Urbain[2]

1. E. H. Fenwick, British Med. Journal, 1904, Vol. II, p. 1739.

2. Urbain, Bull de la Societe de Gynecologie et d'Obstetrique, Bruxelles, 1900.

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reports a case in which a left tubal gestation sac was found to have ruptured into a cyst of the right ovary.

In the tabulated cases reported by Parry[3], Mattei and Peuch, it is seen that 89 ruptured through the abdominal walls. Of these, 15 died. There were 164 cases of rupture into the intestinal canal with 47 deaths; 42 ruptured into the vagina, with 12 deaths, and 34 through the bladder, with 10 deaths.

Rupture is a frequent termination of all forms of extra-uterine gestation. This accident may occur either before or after the death of the fetus. Primary rupture most frequently takes place between the third and tenth week of gestation. Rupture of tubal pregnancies almost always take place before the end of the fourth month. Both the primary and secondary gestation sacs are liable to rupture. Hemorrhage always accompanies rupture. This hemorrhage may be slight; may be massive; may be single; may be repeated. Rupture is either extra-tubal, intra-tubal or intra-mural, or may show the characteristics of two or more of these varieties. If the tension in the gestation sac is not relieved by rupture in one direction, there is great probability of secondary rupture occurring in another direction.

Cessation of gestation is frequently caused by rupture. It is asserted that the loss of the amniotic fluid invariably ends gestation. The literature of the subject records only one case in which, at the time of operation, no amniotic sac could be discovered. Absorption of the ovum will be quicker when the rupture occurs early. Absorption will not occur when the ovum dies at an advanced period of its development. The retention of these ova is a menace to the mother and may cause her death, owing to necrosis of the fetal sac and of the vessels supplying it. It may cause prolonged illness and, eventually, death, owing to ulceration of the sac into contiguous organs. If the death of the ovum does not follow the rupture of the gestation sac into the peritoneal cavity, the pregnancy is continued as a tubo-peritoneal or peritoneal pregnancy.

A tubal sac may rupture between the folds of the broad ligament. If, under these circumstances, gestation continues, it is designated by some authors an intra-ligamentary pregnancy. Kustaer, however, in a series of 107 operations for ectopic gestation, never once found either an intra-ligamentary or a tubo-abdominal pregnancy. The primary rupture may be between the folds of the broad ligament and the secondary rupture take place into the peritoneal cavity. An intra-ligamentary pregnancy in de-

3. Parry, Extra-Uterine Pregnancy, a monograph. Philadelphia.

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veloping may lift up the peritoneum from the anterior abdominal wall as it ascends, and thus become pro-peritoneal, or it may dissect up the peritoneum from the sacrum and thus become retro-peritoneal.

If the abdominal opening be occluded at the time of an intra-tubal rupture, an hemato-salphinx results from the accumulation of blood in the cavity of the tube. Again, the ovum may continue to develop in the tube and a secondary rupture may occur, either in the peritoneal cavity or between the folds of the broad ligament, or in both. The hemorrhage may carry the ovum out of the tube. This migration of the ovum into the peritoneal cavity is known as a tubal abortion.

The most general and most dangerous result of a rupture is the hemorrhage which usually requires immediate surgical interference to save life. This hemorrhage is to be dreaded, for, at times, it is appalling.

Rupture may be due to hemorrhage:

(a) Between the chorion and tubal mucous membrane.

(b) To repeated small hemorrhages from the tubo-chorionic vessels into the gestation sac, causing overdistension of the latter, and consequent rupture.

(c) To the absence or feeble development of the decidua reflexa.

(d) To the cyst wall being thinned and weakened by the chorionic villi.

(e) To traumatism, even a very slight one may cause rupture.

It is now generally agreed that the trophoblasts are the active agents of early rupture, while mechanical causes, as undue violence in making examinations, etc., produce the late ruptures. These trophoblasts exert an erosive effect destroying the vascular tissues, as well as the muscular tissues.

It is well to bear in mind that the most severe hemorrhages may occur from very small orifices. The rupture itself varies in form. In size it may be punctiform, a large tear, or even an all but complete rending of the tube. These hemorrhages, be they large or small, are the most alarming accompaniment of tubal or of ovarian pregnancies. The amount of blood discharged bears no definite relation to the extent of the tubal or ovarian tear.

Rupture of ovarian or tubal gestation sacs usually occur before the third month. Attending rupture of an extra-uterine sac, there may be one severe and even fatal intra-peritoneal hemorrhage or there may be recurring hemorrhages, causing maternal death. The

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danger of recurring hemorrhages is one of the perils that attend the expectant treatment of this condition. Whether the hemorrhage be peritoneal, encysted or diffuse, and whether produced by a ruptured tubal or a ruptured ovarian sac, the prognosis is always grave. The extent, duration and continuousness of the hemorrhage and not its source, determine the final outcome. Retro-uterine hematoceles are usually caused by extra-uterine pregnancies, as is shown by the fact that frequently chorionic villi, and at times even an embryo may be demonstrated in them.

In all cases of extra-uterine pregnancy, hemorrhages, internal or external, occur at some period of their existence. A pelvic hematoma will result if the extra-tubal rupture occurs between the folds of the broad ligament, from the accumulation of blood separating the folds. This pelvic hematoma is usually unilateral, may be bilateral, becoming so by the passage of blood in front of or posteriorily to the uterus from the side of the pregnancy to the opposite side.

The migration of the ovum into the abdominal cavity is the definition given by Bland Sutton of tubal abortion. A tubal abortion may lead to an hematoma-salpinx. The blood may, after passing through the ostium abdominale, collect in the Douglas cul-de-sac, forming a retro-uterine hematocele, or may produce a condition of hemaperitoneum.

Tubal abortion may be caused:

1. By separation of the placenta from tubal contractions.
2. From hemorrhages taking place into the placental tissue.
3. From repeated small hemorrhages detaching the ovum.
4. From hemorrhage in the muscular fibres of the pregnant oviduct.
5. From intra-tubal hemorrhages, carrying the ovum out of the tube.

Death of the ovum, atrophy of the chorionic villi and consequent detachment of the ovum may be caused by an intra-ovulary hemorrhage.

The trophoblasts are the most frequent determining factors of abortion and rupture in the early period of extra-uterine gestation. The local, destructive and erosive action of these ectoblastic cells is exerted upon the maternal muscular tissues as well as upon the maternal vascular tissues at the point of implantation of the ovum. Tubal abortion usually occurs within the first month, although it has been reported as occurring as late as the ninth month (Martin). The union of the chorionic villi and

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tubal mucosa is not very intimate during the early periods of ectopic gestation, neither is the tube greatly distended, and the tubal ostium abdominale is patent. Under these circumstances, the muscular layers can furnish contractions sufficiently powerful to force the ovum and extravasated blood out of the tubal lumen into the abdominal cavity.

I have not the slightest hesitancy in advancing what I firmly believe to be the only safe and scientific method of treating ectopic gestation. I hold that this condition is a disease, a very dangerous disease, and that the ectopic-gestation sac should be regarded as a neoplasm, malignant at that. The extra-uterine ovum should not be treated as a pregnancy, unless the mother be extremely desirous of having a child, but as a parasitic or malignant growth. Surgery, therefore, offers the only reliable method of treatment. The surgeon's skill and science should be invoked on a diagnosis or even on a probable diagnosis of an ectopic pregnancy.

Three questions, however, must be decided before operation:

1. Shall the mother be abandoned to nature?
2. Will she live if operated?
3. Is there less danger in opening the abdominal cavity than that which may result from rupture of the gestation sac or from continuance of the pregnancy?

It must be remembered than an extra-uterine pregnancy always terminates fatally to the child, and very frequently to the mother unless relieved by the surgeon's art. The expectant plan of treatment is only too obviously dangerous. Of the 265 cases collected by Martin only 36.9 per cent recovered under the expectant treatment, while 76.7 per cent recovered under operative treatment. In another series of 515 cases Cestan says that internal hemorrhage due to tubal rupture is responsible for a maternal mortality of 83.1 per cent. A percentage of 84.4 of maternal recoveries after operation is shown by Choyan's.

Anesthesia, hemorrhage, shock and sepsis are the only dangers incident to operative interference in ectopic pregnancy. The first is but minimal, and the second can be minimized too, while shock can be greatly lessened by rapidity in operating. If careful aseptic and antiseptic precautions are observed, as they should be in all major operations, the dangers of sepsis can be almost eliminated.

McDonald says: "Time forbids entering into the discussion of the injection of narcotics into the gestation sac to induce death of the fetus, as well as that of the application of electricity in the treatment of extra-uterine pregnancy. These plans have been so

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repeatedly discussed and so universally condemned that nothing is to be gained by further consideration."

In the absence of urgent symptoms, we have, nevertheless, an operation of necessity. In case of rupture, whether hemorrhage has already occurred or is occurring, we have an emergency operation. It is not possible to see through the abdominal wall to determine whether the hemorrhage has ceased or is continuous. This can be done only by opening the abdomen. Even in the absence of urgent symptoms, the operation must not be delayed, because, as long as the fetus lives, the placenta keeps increasing in size and vascularity, thus vastly augmenting the dangers of operation.

C. Fenger said: "The early operation is technically no more difficult than the extirpation of the normal non-adherent uterine appendages. The operation toward the end of pregnancy, by which we mean the total removal of the ovum and of its contents, is always formidable, and often technically an absolute impossibility."

The co-existence of an intra-uterine pregnancy is no contra-indication for operation. The ectopic ovum must be removed; the uterine ovum must not be molested. It is frequently a very difficult matter to make a diagnosis of ectopic pregnancy. However, the conditions which simulate it require surgical interference and are only amenable to surgical measures.

The vaginal route is to be employed only in cases of pelvic abscess; that is, only in cases in which an ectopic fetal sac or a pelvic hematocele or a pelvic hematoma have undergone suppuration. Still, while the vaginal route is becoming deservedly more and more unpopular, it should not be entirely abandoned. Many surgeons employ both routes in cases in which either the one or the other proves insufficient. I prefer the abdominal route for the following reasons:

1. It enables the operator to attend to co-existing pathological conditions at the same time that he removes the gestation sac.

2. It enables one to secure a more complete and more careful hemostasis, the operative field being under much better control.

3. Hemorrhage can be arrested with greater rapidity; celerity is an important factor in operations involving the opening of the abdominal cavity.

4. The extent of damage can be better judged; a more direct examination can be made, and hence a more accurate diagnosis.

5. A more conservative ablation of organs can be made. There never should be any needless sacrifice of important organs, i. e., tubes and ovaries.

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6. It is possible to get in contact with the exact conditions and also to remove more completely the fetal sac and its contents.

7. The sense of sight as well as that of touch can be utilized.

8. If a diagnostic mistake has been made, you have ready access to the conditions which stimulate ectopic pregnancy.

9. This is an abdominal condition, and to meet it a laparotomy is more likely to be successful than a vaginal section. At times the ovum is inaccessible by the vaginal route. It may ascend into the abdominal cavity.

If a pyosalpinx, hydrosalpinx, a co-existing tubal pregnancy of opposite tube, a benign or a malignant neoplasm be found in the opposite tube, remove it, of course. If the pathological conditions existing in the non-pregnant oviduct or ovary require their removal, the presence of ectopic pregnancy does not contraindicate it.

Many authorities express the opinion that extra-uterine pregnancy shows a tendency to recur, and, therefore, advise, as a prophylactic measure, the removal of the unaffected adnexae. I, however, am convinced that this procedure as a general rule should be energetically condemned. Normal uterine pregnancies have occurred after the removal of ectopic gestation sacs. Kynoch, Kokman and Orthman have reported cases of uterine pregnancies taking place in the interval between the occurrence of two extra-uterine pregnancies.

The hemorrhage is the one great difficulty to overcome in operating for extra-uterine pregnancy. The separation of adhesions and especially the removal of the placenta, are the causes of the terrific hemorrhages. Even a very slight "interference" with the placenta may cause a frightful hemorrhage. Hemorrhage may occur either at the time of operation or afterwards. The greatest danger from hemorrhage is when the fetus is still alive at time of operation, or if only recently dead. The following causes are advanced for the hemorrhage attending the separation of the placenta of an extra-uterine ovum:

1. The condition of the placenta which is still functionally active up to the moment of separating the fetus from it, if the fetus be alive.

2. The abnormal characteristics of the placenta itself.

3. The special and ectopic position of the placenta in each individual case.

4. The vascularity of the cyst wall.

5. The non-contractile basis upon which the placenta is located.

When the fetus has been dead for some time, the placenta can

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usually be removed without danger of hemorrhage. If the placenta has continued to develop in the tube, there is usually but slight complexity to the operation. The placenta has been found adherent in every possible way to every possible organ; to the parietal peritoneum, to the omentum, to the intestines, to the bladder and other intra-abdominal organs.

OPERATION PROPER.

The patient should be catheterized immediately before being brought to the operating table. This enables the operator to avoid incising a distended bladder and removes a confusing element from the field of operation. The incision should be made to one side of the median line. The side selected will be determined by the vaginal findings at time of examination. A firmer cicatrix is thought to be more probable from a side incision. A side incision is better adapted to the method I employ in closing the abdominal wall. Avoid cutting the epigastric vessels and the urachus. The Trendelenberg position should be used. The patient should be placed gradually in this position, not suddenly. She should be just restored as gradually to a horizontal position after the operation. A thorough examination of the opposite tube and ovary should be made for evidences of a former or co-existant pregnancy or disease.

No needless sacrifice of tissues or organs is called for. If the opposite tube and ovary are unaffected, they should be unmolested.

Normal saline solution must not be given through any channel before the bleeding has been controlled or the bleeding vessels have been secured. When the bleeding points have been controlled, its use is of the utmost value. Before control of the bleeding has been effected, the normal salt solution adds to the difficulty by increasing the blood pressure and the resulting liability to dislodgment of the internal thrombi can be the cause of recurrence of the hemorrhage. If used before hemostasis has been secured, it will in most cases increase the blood flow. The operator should not close the abdomen until he is absolutely certain of his hemostasis. There must not be a suspicion or any misgiving as to this most important step in the operation.

Avoid denuding of peritoneal surfaces. Denuded surfaces offer avenues for the entrance of infection. Peritonization, or the covering of denuded surfaces with peritoneum, lessens the formation of adhesions. It also aids in checking the hemorrhage and forms a barrier to the advance of inflammatory processes.

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I employ a peculiar method of suturing. I use an intra-dermic stitch (a subcuticular stitch), which is continuous and which does not penetrate the upper layers of the skin. The silkworm gut stitches are tied over a piece of gauze, extending from their point of entrance to their point of exit, and covering the line of incision.

The silkworm gut sutures are figure-of-eight sutures introduced after the introduction of the peritoneal sutures. The upper loop of the silkworm gut stitch includes both skin and subcutaneous tissues, the lower loop includes the sheath and the muscular fibers of the rectus. The peritoneal stitch includes peritoneum, pro-peritoneal fat and transversalis fascia. It is so introduced as to evert the edges of the peritoneum, and the loop of the stitch does not appear in the peritoneal cavity. The fascial stitch of catgut restores the continuity of the sheath of the rectus. Voluminous gauze dressing is used, but no dusting powder. Zinc oxide adhesive plaster, because of its aseptic qualities, adhesiveness, and non-irritating properties, is used to hold the dressings in place.

Perineal straps passed around each thigh prevent the abdominal binder and of the dressings which cover the abdominal wound.

The greatest difficulty that arises in operating for ectopic pregnancy will be found in those cases in which the entire ovum can not be removed. In such cases, the principal difficulty lies in the removal of the placenta. The presence of dense adhesions of the cyst wall and the vascularity of the cyst wall itself are also difficulties which must not be ignored. The following methods have been employed:

1. The fetus, the umbilical cord and amniotic fluid have been removed, all else left in situ and the abdominal wall closed. This is an extremely risky measure and is not to be recommended. Some successes, however, have attended the employment of this method. The placenta, in such cases as are successful, is gradually and painlessly absorbed. It is bottled up, as it were, with no avenue of exit.

2. The amniotic fluid is evacuated, the umbilical cord is ligated close to its placental insertion. The fetus is removed and more or less of the sac is resected. The remainder is sutured to the margins of the wound in the abdominal wall. Then, for the first dressing, the cavity is tightly packed with gauze. After the first dressing, gauze is used daily for drainage purposes. This draining of the cavity and leaving the placenta and sac to be spontaneously expelled is the procedure most frequently employed. The sac must be reduced to its minimum before exteriorizing it.

3. The placenta is removed in part after removal of the fetus; that is, so much of it as can be separated easily and safely; the rest is left for spontaneous absorption.

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4. The fetus is removed but the placenta left in situ. After an interval of time, when it is judged that the blood supply has been spontaneously cut off, the placenta is shelled out.

5. The ovum is removed in its entirety at one operation. This is the ideal measure. It should be attempted in all cases in which the enucleability of the entire ovum appears possible. Total extirpation of the ovum is the operation of election. It is a complete operation.

6. Placenta, gestation sac, together with the neighboring organs, uterus and ovaries, are removed at once, if the hemorrhage can not be arrested otherwise. This is the method employed in those cases which call for supra or total hysterectomy. These are cases in which the hemorrhage can not be stopped by any other procedure.

7. Vineberg, believing that leaving the placenta in situ increased the mortality sixfold, in a difficult case used the following original method:

The vessels of the unaffected side being first ligated (the uterine and ovarian vessels), he sectioned the uterus across at the level of the os internum, making no attempt to separate it from the placenta. The uterine artery on the diseased side was next ligated, and the operation finished by the removal of the uterus and the whole ectopic mass that was adherent to it. This operation is a partial hysterectomy.

8. Preliminary ligature of the uterine and ovarian arteries on the side which furnishes the blood supply to the placenta.

Martin noted that the tying of the uterine and ovarian arteries on the affected side controlled the hemorrhage to a remarkable extent. Though accessory vessels from the omentum mesentery, intestine or abdominal wall may contribute to the blood supply of the placenta; nevertheless, the main source of blood supply of the placenta are the enlarged branches of the ovarian and uterine arteries of the affected side.

The complete removal of the fetal sac and of the placenta is unquestionably the ideal procedure if consistent with the safety of the mother. Theoretically, the complete ablation of the ovum is the only perfect, the only complete, operation. It markedly shortens the patient's convalescence; eliminates the possible danger of sepsis that is liable to occur during the slow and tedious elimination of the placenta; does away with all the subsequent dressings of the case, and impairs to a less extent the integrity of the abdominal wall. In practice, it is not always possible.

In the case in which I feared to risk distrubing the placenta the sac was incised, the fetus and the other intraovulary contents were

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removed, and the umbilical cord was ligated close to its placental implantation. A portion of the sac wall was resected and the edges of the remaining portion were sewed to the abdominal wall. This method shuts off the general peritoneal cavity, exteriorizes the sac, as it were. A large extra-peritoneal pouch is the result, and this is packed with strips of aseptic gauze. Many surgeons use iodoform gauze. I have abandoned the use of iodoform gauze on account of some cases of intoxication attending its use which I have had. I now employ plain aseptic gauze instead. An effort is made to keep the sac aseptic until the placenta has sloughed wholly out of the wound. It takes from twenty to fifty days for the placenta to be eliminated in such cases.

Boissard reports two cases in which the placenta was treated by this method. In one, a case of a dead fetus, it took twenty-six days for the placenta to be completely eliminated. In the other, that of a living child, it took forty-five days. A vaginal drain was used in some cases in additional to the abdominal drain. The first strips of gauze that we insert in the fetal sac are made to serve the office of a compress or a tampon. They are used to check the bleeding. After the first dressings, the gauze strips are used more for drainage than for anything else. The compresses which have been used to protect the general peritoneal cavity are removed just immediately after the fetal cyst has been sewed to the abdominal wall or immediately before the latter step, varying according to the exigencies of the case. All communication between the cyst cavity and the peritoneal cavity is closed by this method of sewing the sac to the abdominal wall. I use No. 3 catgut for sewing the sac wall to the abdominal wall. Irrigation of this pouch with an astringent solution is employed by some clinicians. The abdominal wall is closed as in those cases in which a Mickulicz drain is employed.

The following is a brief summary of thirty-two cases treated at the Cook County Hospital, Chicago:

1. The youngest patient was 18; one was 19 years. The oldest 42, the next oldest 40. Eleven more were between 30 and 40, 15 between 20 and 30.

2. Only in three cases was a history of previous sterility present. Sixteen had had one or more miscarriages. One patient was the mother of seven children. Another of eight; two had four children each.

3. The ordinary sign of intra-uterine pregnancy (tender breasts, enlarged uterus, softened cervix) were noted in about one-half of the cases.

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4. Pain in the lower abdominal region, menstrual irregularities, continuous vaginal hemorrhage, and a palpable mass in one or the other, or even in both fornices, was present, respectively, in thirty, twenty-eight and thirty-one cases. Those three symptoms are placed under a special heading, because I believe that their presence is, at the very least, highly suggestive of ectopic gestation:

(a) A pelvic pain usually referred to one ovarian region. (The best clinicians and observers agree that tenderness or palpation of the mass adjacent to the uterus is of great diagnostic value.)

(b) Menstrual irregularities, amenorrhea, etc.

(c) A mass palpable vaginally or abdomino-vaginally to one side of uterus connected with or distinct from the latter organ.

(d) In rupture, signs of internal hemorrhage, varying from increasing pallor and fainting spells, up to total collapse.

5. Conception occurred in the right Fallopian tube seventeen times, fourteen in the left, and in one case the side was not determined.

6. Thirty cases were treated by the abdominal route, one by the vaginal route and one by the combined route. The latter patient died. Drainage was used in nine cases. Alarming capillary oozing necessitated the use of the drain in nearly all of these cases.

7. Two deaths occurred in this series, both due to a general peritonitis. Numerous adhesions had to be torn in one case and the other was a case of advanced pregnancy. All the other cases made rapid and uncomplicated recoveries.

The Drunkard's Daughter.

(By a young lady who was told that she was a monomaniac in her hatred of alcoholic liquors.)

Go, feel what I have felt,
  Go, bear what I have borne;
Sink 'neath a blow a father dealt,
  And the cold, proud world's scorn.
Thus struggle on from year to year,
Thy sole relief a scalding tear.

Go, weep as I have wept,
  O'er a loved father's fall;
See every cherished promise swept,
  Youth's sweetness turned to gall;
Hope fades, flowers strewn all the way
That led me up to the woman's day.

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Go, kneel as I have knelt,
Implore, beseech, and pray,
Strive the besotted heart to melt,
The downward course to stay;
Be cast with bitter curse aside,
Thy prayers burlesqued, thy tears defied.

Go, stand where I have stood,
And see the strong man bow;
With gnashing teeth, lips bathed in blood,
And cold and livid brow;
Go, catch his wandering glance, and see,
There mirrowed his soul's misery

Go, hear what I have heard,
The sobs of said despair,
As memory's feeling fount hath stirred,
And its revealings there
Have told him what he might have been
Had he the drunkard's fate foreseen.

Go, to my mother's side,
And her crushed spirit cheer;
Thine own deep anguish hide,
Wipe from her cheek the tear;
Mark her dimmed eye, her furrowed brow,
The gray that streaks her dark hair now,

The toil-worn frame, the trembling limb,
And trace the ruin back to him,
Whose plighted faith, in early youth,
Promised eternal love and truth,
But who, foresworn, hath yielded up
This promise to the deadly cup,

And led her down from love and light,
From all that made her pathway bright,
And chained her there mid want and strife,
The lowly thing—a drunkard's wife;
And stamped on childhood's brow, so mild,
That withering blight—a drunkard's child;

Go, hear and see, and feel, and know
All that my soul hath felt and known,
Then look within the wine-cup's glow;
See if its brightness can atone;
Think of its flavor you would try,
If all proclaimed, Tis drink and die!

Tell me I hate the bowl!
Hate is a feeble word;
I loathe, abhor, my very soul
By strong disgust is stirred
Whene'er I see, or hear, or tell
Of the DARK BEVERAGE OF HELL!

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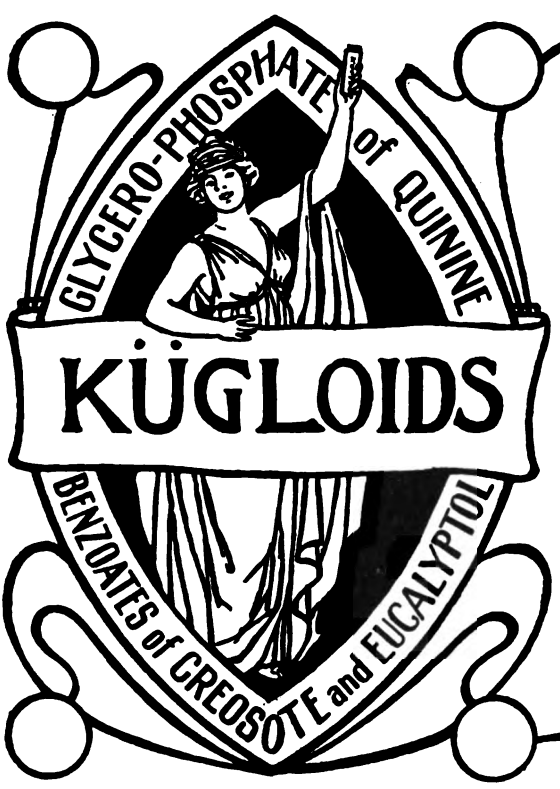

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in **febrile, neurasthenic** and **catarrhal manifestations** of **INFLUENZA** and **BRONCHITIS,** explains itself.

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Benzoate of Creosote - 1 minim.
" " Eucalyptol - 1 "
M. ft. capsulae - Mitte 50
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one every half hour.

Read the formula carefully.

They do not eructate, upset the stomach or irritate the kidneys.
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Dose: From 8 to 16 capsules daily.

Over 5,000 unsolicited attestations of superiority, safety and reliability over all other colchicum preparations and salicylic derivatives prescribed in

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Creosote pur : . . . . . min. j
M. ft. Capsulae

DOSE.— One or two capsules before meals, gradually increasing the dose to 12 daily

E. FOUGERA & CO., New York

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APIOLINE

The true active principle of parsley

Not to be confounded with so-called apiol or oil of parsley, which contains but little of the true apioline isolated by Chapoteaut.

Professor Laborde's experiments prove it to be an effective stimulant of the nerve ends of the ovaries and uterus, thus inducing vascular dilatation.

In capsules of 20 centigrams. Original bottles contain 24.

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EDITORIAL DEPARTMENT.

THE TUBERCULOSIS PROBLEM IN TEXAS.

What to do with the hordes of consumptives that flock to Texas every year on the approach of winter is a problem difficult of solution. The State is literally overrun with them; that is, the larger cities, and, as the vast majority of them are moneyless, they are worse than mendicants; they are paupers for the most part, and as there is not, and can not be hospital accommodations for them, they live in the streets and parks and are dependent of charity for food. They are thus a menace to the public health; and in San Antonio—the most famous "health resort"—and the favored Mecca to which they journey, the resident population has already been infected, and the mortality reports now embrace deaths amongst old settlers. In San Antonio the cost of maintenance of the city (charity) hospital is the largest item of the city's expense, and the mayor, in desperation, and holding that it would be the lesser of the two evils, and that "humanity to the individual is inhumanity to the general public," caused the consumptive ward of the city hospital to be emptied; the consumptives, all who could walk, were turned into the streets. Of course, there was a howl, but what else could be done? I don't know.

It seems to me that this is the worst thing that could have been done, laying aside the sentimental aspect of the case; for, at large, they scatter the infection everywhere,—while having no chance at all for recovery. It is true that, crowded together in a ward thirty by eighty feet, they had little chance, God knows; but on the streets they have even less.

In this connection, it is suggested that the philanthropic people of San Antonio, and of other cities similarly afflicted, together with the united charities organization establish camps in the woods, somewhere, where these unfortunates can be sheltered and fed, until the State comes to their relief, which it must do, at next Legislature, two years off.

Meantime, let the State Health Officer and the Governor do what lies in their power to *cut off the supply*, stop the stream of pauper consumptives that is constantly pouring into the State;—deal with causes, and not with effect. An irrational policy seems to characterize the civilization of today. We deal with effects and

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ignore causes. It is entirely possible and practicable in this instance to strike effectively at the cause, the source, and arrest the inflow, for it is utterly impossible to handle the incoming hordes; to deal with them after they arrive.

In June, 1902, Attorney General Knox ruled that "consumption is a contagious disease dangerous to the public health," and under this ruling foreign immigrants afflicted with the disease are excluded and sent back.

The laws of Texas prohibit the importation into Texas of contagious and infectious diseases, and it is the intention of the Governor and the State Health Officer to invoke this law, and to notify the railroad and other transportation companies that it will be rigidly enforced.

I append the following from the Revised Civil Statutes of Texas, Title XCII:

Article 4324. Whenever the Governor has reason to believe that the State of Texas is threatened at any point or place on the coast, border or elsewhere within the State with the introduction or dissemination of yellow fever contagion, or any other infectious and contagious disease, that can and should, in the opinion of the State Health Officer, be guarded against by State quarantine, he shall, by proclamation, immediately declare said quarantine against any and all such places, and direct the State Health Officer to promptly establish and enforce the restrictions and conditions imposed and indicated by said quarantine proclamation, and when from any cause the Governor can not act, and the exigencies of the threatened danger require immediate action, the State Health Officer is empowered to declare quarantine as prescribed in this article, and maintain same until the Governor shall officially take action as he may see proper.

And the following from the Penal Code, Chapter 6:

Article 478a. Any person who shall knowingly and wilfully violate any regulation of quarantine established by the Governor, the State Health Officer, or the health officer of any county or city of this State, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by fine of not less than twenty nor more than one thousand dollars.

Article 478b. If any conductor or person in charge of any train, ship, steamboat, or any other kind of common carriers, shall knowingly and wilfully bring into this State any person or thing contrary to the quarantine regulations as proclaimed by the Governor or State Health Officer, such conductor or person so knowingly and wilfully offending shall be guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not to exceed five hundred dollars.

* * * * * * * * * * *

Quarantine, as it is generally understood—i. e., detention at the

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State border or elsewhere for a definite or indefinite period—is by no means to be thought of. Neither the Governor, nor the State Health Officer contemplates such steps. In this particular, Dr. Brumby has been misunderstood, misquoted, misrepresented, and has come in for a liberal share of censure by the unthinking. The State, by no means, contemplates taking consumptives off of trains and detaining them in quarantine. To do so would involve an expense not contemplated by the law now provided for, and unless the supply of consumptive immigrants be cut off, such camps would be nothing less than permanent consumption hospitals. I say nothing of other difficulties; they suggest themselves. The inspector (inspectors must be provided and paid) must be sure of his diagnosis before detaining any person. He can not make a microscopic examination "while you wait," and taking off the wrong man might entail serious consequences to more persons than the invalid.

Texas will not, therefore, and very properly, undertake a quarantine against consumptives in the sense that quarantine against other diseases—such as run a short course, is understood; *consumption is not a quarantinable disease,* but railroad and other transportation companies will be put upon notice by proclamation that they will be prosecuted under the provisions of the law above quoted, if, after notice, they bring into the State a case of tuberculosis, and that's all there is, of the much discussed and cussed "Brumbyan Theory."

* * * * * * * * * * * *

IN PURSUANCE OF THE ABOVE, our physicians endeavored to secure the passage of a bill at the last Legislature for a State sanitarium for indigent consumptives. It contemplated a large camp, at some suitable point, and asked for $150,000. This bill passed the House, but met opposition in the Senate, where it was argued that it would be folly to undertake to care for the outpourings of pauper consumptives from the whole United States, and that such camp would be kept full, all the time, not of Texas people, but of those who come here from other States. The bill died on the calendar.

The answer to that argument, by friends of the bill, who, of course, were instructed by the physicians, is, that we are not in the charity business, solely, nor do we propose to go into it; that such sanitarium is not to be created for the benefit of charity consumptive patients, only incidentally, but that they may be "corralled"—cared for till they recover or die, in order that the general public *may be protected from their infection.*

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It is hoped and believed that by next session the physicians of the State will have educated the people and the legislators, and enlightened the public on the necessity of such law, and that a provision of the kind will be made.

Meantime, what are we going to do with those already in the State?

INTERVIEW WITH STATE HEALTH OFFICER BRUMBY

POLICY OF THE GOVERNMENT WITH REFERENCE TO TUBERCULOSIS.

I called on Dr. Brumby and asked him what he was going to do about and with the indigent consumptives daily arriving in Texas.

He said:

Texas will debar all consumptives in the advanced stages from entering her confines. I am very desirous that the public should have a clear understanding of the conditions in Texas which makes such a step imperative.

In the first place, such a large tide of indigent consumptives has been pouring into the State that the people of certain sections are seriously burdened with such patients, many of whom have been in the State only a short while and have never done an hour's work since crossing the State line. A few dozen of these paupers could be easily cared for, but when they flock into Texas year in and year out it works a decided hardship on the taxpayers.

But there is another and far more important aspect to the question, and that is our inability to control the spread of the disease. The vast majority of these poverty-stricken unfortunates are without any means of livelihood and depend almost entirely upon charity for support. They are forced, therefore, to reside in populous communities—this results in their remaining collected in the cities where they do themselves least good and the public most harm.

If the poor unfortunates could reside out in the rural districts and were able to support themselves they could at least die in peace; but at present they are buffeted about the streets and suffer hardships that would undermine a strong man's constitution. It is true that our cities are at present caring for many tubercular patients, but the burden is more than they can properly or justly bear, and both the residents and itinerant consumptives suffer.

The public health is menaced all the more by reason of the fact that our State Health Department has not the means of sustenance for the individual, the authority to regulate their movements or to see that they take proper precautions to protect the public health. It is our hope that the next Legislature will make suitable changes

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in this direction so as to enable us to place some restrictions on the spread of the "White Plague." We are also hoping to see the Legislature provide a State sanitarium for the tubercular. But, in the meantime, we must call a halt on the armies of invalids that are beguiled into leaving their friends and homes by the vain delusion that they can come penniless into Texas and be restored to health. More of this class are already with us than we can care for. It seems imperative, then, that we should not receive others.

It is true the measure seems hard, but the real harshness has been with these well-meaning but short-sighted philanthropists who have encouraged many a man in the advanced stages of consumption to forsake home and loved ones and come into a strange land to die. The proper time for the afflicted to seek a better climate is before the disease has sapped their strength, and it is not humane to encourage them in the delusion that we have a fountain of health in Texas. It is my earnest wish that the world will think seriously on this question before pronouncing judgment.

DR. KNOPF'S PRIZE ESSAY.—I have received a pamphlet copy of this able and famous essay. It is entitled "Tuberculosis as a Disease of the Masses, and How to Combat It." It has a supplement in "School Hygiene, Home Hygiene, Installation of the Sanatorium Treatment at Home, and a Historical Review of the Anti-Tuberculosis Movement in the United States"; that is, up to the date of the meeting in Berlin, May 24, 1899, at which meeting Dr. Knopf's paper was read and awarded the international prize, through a select committee, July 31, 1900. For, a great deal has been done since that date, of which no mention is made, although on the title page it is announced that the work has been revised with supplement, 1907; e. g., no mention whatever is made of the American International Congress on Tuberculosis held in New York City, November 14, 15, 16, 1906, under the auspices of, and with the patronage of, the United States government, whose Secretary of State officially invited delegates from all foreign countries with whom we have relations. In response to this invitation, delegates were present from many foreign and most of the States of America; and notable papers were read from distinguished scientists who regretted they could not be present. Just why this omission occurs, I am at a loss to understand. The American International Congress was inaugurated in 1900, and held its first meeting in New York in June, 1900, as the American Congress on Tuberculosis, under the presidency of the most distinguished sanitarian in America, Dr. A. N. Bell, of Brooklyn. Its name was

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changed at the historical fourth meeting at St. Louis, October, 1904. It really inaugurated the crusade against consumption, and put in motion the forces which now are world-wide, enlisting the co-operation of sanitarians, engineers, economists, educators and the five million members of the Fraternities, etc., etc.

Aside from this seemingly invidious discrimination, Dr. Knopf has fully covered the whole field; has compiled from best works all that can be said on every phase of the subject. He brings it fully up to the present and sets forth really all that is at present known of the subject.

The essay is published by Fred P. Flori, 514 East Eighty-second Street, New York, and is for sale, also, by "Charities and the Commons," 105 East Twenty-second Street, New York. Price, 50 cents per copy, cloth; 25 cents per copy, paper cover.

Editorialets.

THIS issue begins the twenty-third year of a pretty lively existence for the "Red Back." Congratulations and subscriptions are in order.

CHANGE OF BASE, for greener fields and pastures new. We regret the loss to Austin of our esteemed friend and colleague, Dr. M. M. Smith, of the *Texas Medical News.* He has removed, with his family and his journal, to Dallas. Dr. Smith, having been appointed medical director of the Order of Praetorians, found it advantageous to make Dallas his headquarters. He will find there, too, wider opportunity for the exercise of his talents, a better field for the publication of the *News,* for the practice of medicine,—and, I rather suspect, that a position in one of the medical colleges will be offered him. He is qualified to fill any chair, but perhaps would shine more brilliantly in sanitary science or public hygiene, a branch with which he has practical acquaintance, and has been long identified. Our loss is Dallas' gain; and, while we regret to lose him, he carries with him the high esteem and warm regard of hosts of attached friends—none of whom love him more or more sincerely wish him every success than his old friend of the "Red Back."

THE NEW MEDICAL PRACTICE ACT, the "One Board Bill," went into effect July 12th inst. At the time of our going to press the

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Governor has not appointed the board. I will give the names next issue.

THE following is a verbatim copy of the first report made to Postmaster General Cortelyou by a newly-appointed postmaster in a rural district of North Carolina:

"muster Jorge Cortelyou, President of the United States,—Dear sir been required by the instrucions of the post office to report quarterly, I now fulfill that plesent duty by reporting as follers. The harvestin has been going on purty wel and most of the naburs have got thur cuttin about dun, wheet is hardly a average crop on rollin lans corn is yellerish and wont cut morn ten booshils to the aker the health of the communty is only torrerable messels and cholry has broken out in abought 2 and a half mile from hear, thar are a powful awaken on the subject of religion in the Potts naburhood and many soles are bein made to know thar sins forgiven. Miss nancy Micks a neer nabur har a new baby but he is a poor scraggy little feller and wont live half his day this is about, all i know and have to report the present quarter give my respects to MISS Cortelyou and subscribe myself yours trooly."—*Harper's Weekly.*

KITTY DIXON is the name of a charming little story of love and war,—the post-bellum blending of the Gray and the Blue,—by the talented editor of the *Southern Clinic,* our friend, Dr. C. A. Bryce. The scene is laid in Old Virginia, and the chief characters are two colonels—one on each side, and their son and daughter (Kitty Dixon), respectively. It reminds me of Pages' On Newfound river, an "Ole Viginy" story. The pretty little pictures are by Dr. Bryce's talented daughter, Miss Mildred Bryce. The little volume is exquisitely bound in blue and gray and gilt, and will make an appropriate memento of the Jamestown Exposition now being held on the historic soil of the mother State. The price is 50 cents. Dr. Bryce is to be congratulated on the dainty and sweet little story. He calls it "A wee bit of love and war."

BILLS have been sent to all subscribers in arrears. I will appreciate a remittance. If any subscriber should receive a sample copy, let him hand it to a friend and solicit his subscription, please.

ANOTHER EDITOR HONORED.—I am much gratified to note that at the recent meeting of the Louisiana State Medical Association our esteemed colleague of the *Medical Recorder* (Shreveport), Dr.

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Oscar Dowling, was elected President of the Association. The Association has honored itself and is to be congratulated.

SUBSTITUTION KNOCKED OUT IN NEW YORK.—The Page bill making substitution a penal offense passed the New York Legislature after a bitter fight against it by some of the large drug concerns, who are notorious substitutors and imitators. The credit for the passage of this much-needed measure is largely due to Charles Roome Parmele of the Parmele Pharmaceutical Company New York. I will publish it in next issue with some "remarks." We congratulate the New York profession and Mr. Parmele on the passage of this righteous act.

A MEDICAL NIGHT SCHOOL has been chartered in St. Louis. It is called The Hippocratean College of Medicine. I notice amongst the faculty Drs. E. Lanphear, Chambers, Feigenbaum, S. S. Kohn, Ohmann-Dumesnil, and A. H. Koch. Sessions will be held five evenings in the week, and three or four hours Saturday afternoons will be given to clinical work. The school is for the benefit of men who are studying medicine but have to work meantime.

DR. VARD H. HULEN, of Houston, has returned to San Francisco, Cal., to accept charge of the eye department in the University of California.

THE *Interstate Medical Journal* (St. Louis) announces the purchase of the *St. Louis Courier of Medicine,* one of the oldest medical journals in the West, and its consolidation with the *Interstate* on July 1st.

WHEN SHOCKED BY ELECTRICITY.—The following is clipped from the Chicago *News.* It gives some interesting and useful information concerning electrical shocks:

In addition to artificial respiration the use of atropine, hypodermically, as a respiratory stimulant, will suggest itself, with glonoin and strychnine as circulatory stimulants. The clipping follows:

"How many in this twentieth century are murdered through ignorance? I allude to people shocked by electricity. When a man is electrocuted he receives a shock of over 2000 volts. And under the best conditions I will assert that if the condemned should receive a pardon after receiving this charge of 2000 volts in ten minutes' time he might be alive and enjoying the benefit of that pardon.

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"Trolley wires which kill so many people carry only 500 volts —a force just sufficient to give a very interesting vaudeville exhibition, showing how a person is revived after being shocked.

"Every fireman and policeman in the city ought to know what to do when a person is shocked by electricity. When a man is under the influence of ether he breathes naturally, but when 'under the influence' of electricity he does not breathe at all. The first thing to do after a man has been shocked is to force him to breathe. Take off the coat, place it under the shoulders. Open the clothes around the throat and chest. Draw the arms over the head and out to full length. This expands the chest and permits the air to enter. Bring the arms back, doubled at elbows, and bring them forcibly against the chest, expelling the air. Keep this up for one hour if the person is not revived sooner, and breathes as fast as a person should breathe. While doing this send some one for a doctor.

"A young man of South Bend received a shock of 2500 volts. He had hardly fallen to the floor before he was grabbed by an electrician who tried to revive him. In five minutes' time he was all right. About twenty-four hours later he felt pain from the shock. He suffered for about a week and then was as well as ever.

"A man who revives a person shocked by electricity is as much a hero as one who saves another from a burning building."—*Ernest Filer, in Hot Springs Medical Journal.*

Books and Magazines.

DISEASES OF CHILDREN, A MANUAL OF. By W. F. Radue, M. D., Chicago. The Clinic Pub. Co., 1907. Cloth. Pp., 165. Price, $1.00.

The teachings of this little book are drawn from the personal experiences of the author with the active principles and other latter-day medicaments. It will be of unusual interest to progressive physicians, as the tendency now is, and very properly, to cut out the prescription druggist, who is apt to dispense "something just as good,"—and to dispense one's own medicine. This can and should be done; the alkaloid and other active principles can be carried in a neat case, and your patient saved an exorbitant drug bill when he gets well—or the estate—if he doesn't. Buy Dr. Radue's book and read it. You will find it "worth while."

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DISEASES OF THE RECTUM AND INTESTINES, THEIR CONSEQUENCES AND NON-SURGICAL TREATMENT. By W. C. Brinkerhoff, M. D., Chicago. Illustrated. Orban Pub. Co., Chicago, 1907. Pp., 158. Cloth, $2.00.

This volume embodies the views of the author arrived at by a large experience in the treatment of certain very troublesome diseases without operation; and we gather from a brief examination of its pages that those views are at variance with those held by most writers. So much the more reason for reading it. You can not learn from those who agree with you in everything.

THE STANDARD FAMILY PHYSICIAN. Smith Ely Jelliffe, *et alia*. Two volumes. Large 8vo; in buckram binding; $15 per set, net; in three-quarters Morocco, $20, net. Illustrated. Funk & Wagnalls Company, 1907.

In a recent lecture, Dr. Osler, enunciating the principle that the physician was the teacher rather than the servant of the patient, declared that in the matter of drugs, his therapeutic practice at Johns Hopkins University has been wittily summed up as a mixture of nux vomica and hope. He declared that "Medicine as it is used to day is all moonshine and there are not many drugs that have a therapeutic value." In an age like our own, in which the drug habit has taken firm hold on the people, it would be well if some attention were paid to his remarks on the uselessness of most drugs. But will the people listen? The trouble with most people is that they are to much the subject of exploitation with patent medicines to pay much attention to his advice. It is hoped, however, that a book of the character of the Standard Family Physician, the avowed purpose of which is to check the harm done by patent medicines and the many pseudo-medical treatises foisted on the public, will meet with a ready demand. It aims to supplant by an authoritative and popular work, all second-rate books on household medicine and all spurious works—works devoted to the exploitation of quack medicine and its attendant evils.

The present treatise is the result of the joint collaboration of Dr. Carl Reissig, of Hamburg, assisted by an able corps of European specialists in medicine and surgery, and Dr. Smith Ely Jelliffe, associate editor of the *New York Medical Journal,* in conjunction with a number of other eminent American physicians. This work has been written in such a way that it can be easily understood by any intelligent layman, no matter what subjects it treats. Its range is exhaustive, and it is especially valuable in its

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anatomical and clinical parts. The arrangement commends itself for rapid consultation. The first section is devoted to the presentation and study of the anatomy of the human body; this is accompanied by a manakin (in colors) which shows its 345 distinct parts.

The section contains articles explaining the structure, development, and functions of the human skin, the bones, joints, ligaments, muscles, and internal organs. Much space is given to explanations of the circulatory system and nervous system, and the function of the organs of special sense and of generation are also treated.

The second section of the Standard Family Physician is devoted exclusively to the description of diseases, their methods of treatment, and their cures. It is arranged in one alphabetical order, and embraces every disease that man, woman, or child is heir to. There are useful articles on chickenpox, diphtheria, measles, scarlatina, typhoid, etc., each from the pen of an expert in the treatment of the particular disease, and special articles on sanitation by Charles F. Wingate, sanitary engineer, New York City; snow-blindness by Dr. George S. Ryerson, of Toronto, Canada, and tropical diseases by Dr. Smith Ely Jelliffe, the chief editor. All branches of medicine and hygiene are described, and instructions are given for the nursing of the sick in the home.

In treating the subjects under discussion, the editors have avoided, wherever possible, the use of technical terms; this has been done without sacrificing scientific standards of accuracy, and in such manner that no less eminent an authority than Dr. William T. Bull, America's most eminent surgeon, has said "it impresses me as an admirable book which presents scientific facts to the laity, concisely, thoroughly, and accurately without furnishing information or uttering opinions which would encourage fads or quackery."

A useful chapter on poisons, their effects and antidotes, another on drugs and pharmaceutical preparations with indications of their uses in medicine, based upon the United States National Formulary, and a glossary of such technical terms as the editors found themselves compelled to use, together with an exhaustive index, complete the two handsome volumes into which this work has been compressed. It is embellished by twenty-four lithographed and full-page plates, and nearly 500 illustrations in black and white are interspersed thoughout the text.

This work is the first of its kind, the subject matter of which has been prepared by living medical writers whose ability to handle

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the topics entrusted to their care will be readily recognized by the educated men of the medical profession. For that reason, it is the first book on family medicine which has earned the endorsement of the medical profession.

Dr. Jelliffe holds a chair in the Columbia University, and is also associate editor of the *New York Medical Journal.*

MODERN MEDICINE—ITS THEORY AND PRACTICE.—In Original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal. Assisted by Thomas McCrea, M. D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 1000 pages each. Illustrated. Volume II, just ready, Price per volume, cloth, $6.00, net; leather, $7.00 net; half Morocco, $7.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

The early appearance of Volume II of this great work has a practical significance for the reader, quite apart from its indication of steady progress towards completion, for it ensures that the matter is fresh from the author's pen. The first volume dealt with General Medicine and the Diseases Caused by Physical, Chemical and Organic agents, and by Parasites of the Vegetable and Animal Kingdoms, and closed with chapters on Nutrition and that most important group of disorders which arise from faulty metabolism. The second volume disposes of one-half of the great modern class known as the Infections, which is to be finished in the third volume, due in the autumn. The fourth deals with Diseases of the Blood and Circulation, the fifth with those of the Alimentary Tract; the sixth with those of the Kidneys, of the Internally-secreting Glands, those of still obscure causation, and with Muscular, Vaso-Motor and Trophic Disorders. The seventh and last volume will cover Diseases of the Nervous System and of the Mind. This very brief résumé shows the simple classification, the judicious distribution of space, and the sustained interest of the work from beginning to end.

Reverting now to the contents of the volume in hand, Hektoen opens with an Introduction of the Study of Infections, following which McCrea considers Typhoid, Typhus, and Relapsing Fever; Councilman, Smallpox and Chickenpox; Dock, Vaccination; McCollom, Scarlet Fever and Diphtheria; Ruhräh, Measles; Rubella, the Fourth Disease, Erythema Infectiosum, Whooping Cough and

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Mumps; Lord, Influenza; Coleman, Dengue; Koplik, Meningitis; Anders, Erysipelas; Musser and Norris, Pneumonia; Pearce, Toxemia, Septicemia and Pyemia; Poynton, Rheumatism; Dunbar, Cholera; Carroll, Yellow Fever; Calvert, Plague, and Shiga, Bacillary Dysentery.

Dr. Osler's position is such that the leaders of the profession of two Continents have stood ready to respond to his request to participate in the creation of this great work. His assignment of subjects shows his keen judgment of the men qualified to write with the highest authority. The resultant product will cover the whole field of medicine in its present advanced state of cultivation. It records the new level of knowledge which is open in its pages to every physician who desires the best information on any point of theory or practice.

THE PRACTITIONER'S LIBRARY OF GYNECOLOGY, OBSTETRICS AND PEDIATRICS.—In Original Contributions. By Eminent American and English Authors. THE PRACTICE OF GYNECOLOGY—Edited by J. Wesley Bovée, A. M., M. D., Professor of Clinical Gynecology in the George Washington University, Washington, D. C. Large octavo, 836 pages, with 382 engravings and 60 full-page plates in colors and monochrome. THE PRACTICE OF OBSTETRICS—Edited by Reuben Peterson, A. M., M. D., Professor of Obstetrics and Diseases of Women in the University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Large octavo, 1087 pages, with 523 engravings and 30 full-page plates in colors and monochrome. THE PRACTICE OF PEDIATRICS—Edited by Walter Lester Carr, M. D., Consulting Physician to the French Hospital; Visiting Physician Infants' and Children's Hospital, New York. Large octavo, 1014 pages, with 199 engravings and 32 full-page plates in colors and monochrome. Price per single volume, cloth, $6.00; leather, $7.00; half Morocco, $8.00. Price for any two volumes, cloth, $11; leather, $13; half Morocco, $15. Price for the three volumes, cloth, $15; leather, $18; half Morocco, $21.

Reviews of Peterson and of Carr have appeared in the JOURNAL. The publishers say:

"In preparing this new series the object has been to cover the whole domain composed of three cognate major specialties. Eminent American and English authors have united under the editorship of Drs. Bovee, of Washington; Carr, of New York, and Peterson, of Ann Arbor. By excluding those features of disease which are properly to be sought in works on general medicine, these volumes find space for a complete and comprehensive presentation of their respective subjects, with full practical details. Together with the most advanced knowledge of established value the authors

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have included their own observations, and the therapeutic measures which have resulted in the greatest success. This adds a personal element of obvious value. Abundant engravings and full-page plates illuminate the text, the facilities at command of the editors having enabled them to secure photographs and drawings exhibiting any point desired. Though it is manifestly to the advantage of every physician to have the whole library at hand, the volumes are sold separately for the convenience of those interested in the individual departments."

Dr. Bovée's work measures fully up to the standard, and may be taken as an exposition of the art and science of gynecology up to date. The full set will be a valuable and handsome addition to the physician's library, and it is meeting with a very large sale.

HARE'S THERAPEUTICS.—A Text-Book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and Their Employment Upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Hospital, etc. New (12th) edition, enlarged and thoroughly revised to accord with the eighth decennial revision of the U. S. Pharmacopeia. In one octavo volume of 939 pages, with 114 engravings and four colored plates. Cloth, $4.00, net; leather, $5.00, net; half Morocco, $5.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

SCHLEIF'S MATERIA MEDICA AND THERAPEUTICS.—A Pocket Text-Book of Materia Medica, Therapeutics, Prescription Writing, Medical Latin and Medical Pharmacy. By William Schleif, Ph. G., M. D., University of Pennsylvania, Philadelphia. New (3d) edition, 12mo. 470 pages. Cloth, $2.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

The simultaneous appearance of two books on different phases of a large subject renders it advantageous to consider them together. "Schleif" is primarily a text-book on the fundamentals, devoting most of its space to Materia Medica, Pharmacology, Prescription Writing, Medical Latin, etc. "Hare" is equally a book for students and also for practitioners. It devotes one-half of its space to remedial agents, including both drugs and non-medicinal measures as well as foods, and the remaining half to diseases and their treatment, with copious and precise directions. Both parts are alphabetically arranged and fully cross-referenced, so that all information on any point can be quickly found. The "Index of Diseases and Remedies," with its suggestive annotations, is additionally helpful in practice. Dr. Hare's faculty for perceiving the

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pith of a matter and presenting it clearly is reflected in all his works and is the basis of their great popularity. For instance, this is the twelfth edition of his Therapeutics in seventeen years, and of most of the editions several large printings have been required. Thought it is the second edition since publication of the new Pharmacopeia, the author has not been content with a perfunctory revision, but he has, on the contrary, scrutinized every line and made changes and improvements wherever necessary to represent his very progressive subject.

Reverting for a moment to these two books for the purpose of considering them together from the student's standpoint, it may be said that they fit into each other very advantageously. Present-day curricula divide the subject very much on the lines here followed: a course in the pure Materia Medica and annexa in the first years, and then a course on the clinical applications, or Therapeutics proper. These two books contain more information than it is possible to put conveniently into a single volume. They divide it conformably to the best practice in teaching, and together they cover the whole subject.

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PROGRESSIVE MEDICINE, Vol. II, June, 1907.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 381 pages, with illustrations. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00; carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The June issue of Progressive Medicine (Volume II of the 1907 series) reviews many vitally important subjects, and embraces a wide range of interest. It opens with a thorough résumé of Hernia, by Dr. William B. Coley. The information therein is of value to every surgeon. Under the radical cure of femoral hernia many methods are discussed on their relative merits, hundreds of cases are summarized, and the after-results clearly stated. The best methods of procedure are freely illustrated. So also with inguinal hernia in children, umbilical hernia, cryptorchism, hernia through the foramen of Winslow, etc. In regard to the relative frequency of femoral to inguinal hernia, Dr. Coley writes:

"In a total of 1805 operations for hernia 130 were for femoral hernia."

THE PRACTICE OF OBSTETRICS.—By American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume of 786 pages, with 445 engravings in black and colors and 36 full-page colored plates. Cloth, $5.00, net; leather, $6.00, net; half Morocco, $6.50 net. Lea Brothers & Co., New York and Philadelphia.

It is quite a rare occurrence in medical literature to find a work of composite authorship appearing in successive new editions. Generally the demand finished by the first issue. This fact has been the subject of some speculation, the general explanation being that a composite book, perishing in what should be its youth, fails in adaptation to its environment in one or both of two essentials: it lacks either the homogeneity or the completeness of a good book by a single author. This defect, however, is individual with the book, and not inherent in the plan. There are, indeed, manifest advantages in handling a major subject by collaboration, the most conspicuous being the higher and more uniform level of authority thus attainable. Completeness without duplication is a matter of proper editing. Applying these considerations to a concrete case, it may be inferred that the demand for successive editions of Jewett's Practice of Obstetrics by American Authors indicates a well-edited work of proved high quality. Dr. Jewett and

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his corps of coauthors have again revised their work thoroughly to the latest date, both in text and in illustrations, in which it has always been notably rich. It is a work equally suited to the needs of obstetrician or student.

Publisher's Department.

THE PASSING OF WINTER.—With the passing of winter many an individual without being actually sick is still weak and debilitated, tiring easily, with greater or less susceptibility to every changing wind. The intelligent physician promptly overcomes this condition by suitable medication, and no more efficient tonic can be employed, than the well-known Gray's Glycerine Tonic Comp.

TO GUARD the functions of the heart is characteristic of the therapeutic action of Cactina Pillets. This conclusion reached by Myers more than fifteen years ago has been fully sustained by clinical experience. According to Myers, its power to increase the muscle-motor energy of the heart, elevating the arterial tension and increasing the height and force of the pulse wave, makes it a cardiac tonic stimulant of importance in the treatment of irregular and feeble heart action.

IN THE treatment of the chronic skin inflammations, following in the wake of attacks of toxic dermatitis, attention to the general condition of the health, avoidance of anything irritating to the skin, a carefully selected diet and proper care of the skin are important features which must not be neglected. In addition, Battle's preparation of echinacea augustifolia and thuja occidentalis, which goes under the trade name of Ecthol, should be used both locally and internally; a drachm should be taken four times a day. —*American Journal Dermatology.*

BAY STATE DISPENSARY,
BOSTON, MASS., June 19, 1907.

Parmele Pharmacal Company, New York.

GENTLEMEN: Some time ago we received a supply of Mercauro and Arsenauro. This supply has been used by our medical staff with great satisfaction. We found them to be valuable in syphilis and in obstinate skin troubles. In all of the cases the patients rapidly improved. There was one case in particular, a large sphyilitic ulcer of the leg, which had for a long time baffled all treatment. By the use of Mercauro it was completely healed. We have had a number of cases of very obstinate eczema which have improved very rapidly under the administration of Arsenauro; in fact, in all of the cases where we have used Arsenauro and Mercauro we have had good results.

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Clinical Results Prove Therapeutics

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Relieves

VALVULAR HEART TROUBLE
ASCITES AND ANASARCA
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Yours truly,
W. WRIGHT, M. D.,
Superintendent.

Real Merit Always Wins.

It is really interesting to watch the flock that follows in the wake of something that succeeds. When Daniel's Conct. Tinct. Passiflora Incarnata was placed on the market thirty years ago there were no similar preparations before the public. When its value was fully ascertained by the medical practitioners and they began to prescribe it generally, imitations began to appear. Some even assert that they are prepared from several things, including Passiflora Incarnata. This is an amusing statement when it is known that Passiflora Incarnata or the May-Pop possesses the highest sedative qualities, and its combination with the tinctures of other plants only lessens its strength.

Daniel's Passiflora is the perfect type of the true soporific and anodyne. Under its administration the nervous system is restored to peace and tranquillity, the appetite improves, the body begins to gain in weight and the entire organism is brought back to its normal vigor.

For such diseases as insomnia, hysteria, convulsions, tetanus, neuralgia, and during the period of childbirth, Daniel's Passiflora is now employed by a majority of physicians—because they have learned by experience that it induces natural sleep without reaction and serves both as a food and tonic to the nervous system.

That New Anesthetic—Reports from the Field.

FAR SUPERIOR TO CHLOROFORM.

The Hyoscine-Morphine-Cactin Anesthetic (Abbott) has been entirely satisfactory. In obstetrics it is far superior to choloroform. No nausea, shock or disagreeable symptoms with the mother. The child is born cyanotic but comes around all right. Our county medical society has taken up the matter; all reports have been very favorable. I think it will have a national bearing in the increase of population, as women will cease to dread the pangs of child-bearing, and will increase the number of children born. The nation will owe you a debt of gratitude.

Trenton, Ky. J. S. DICKENSON.

TWENTY CASES SUCCESSFULLY.

I have used the H.-M.-C. Anesthetic (Abbott) successfully in twenty cases, full reports of which I have kept, as they were all hospital cases.

Trenton, Mo. J. B. WRIGHT.

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JUST THE THING IN MISCARRIAGE.

I find Abbott's hypnotic anesthetic just what I have wanted for some time, and will keep a supply always on hand. In miscarriage, where the placenta must be removed under anesthesia, they are the very thing and relieve the operator of the worry of chloroform or ether. I believe them superior to the morphine and atropine hypodermic, as more lasting and certain in effect.

Guilford, Mo. A. D. Barnett.

EXPERIENCE, NOT THEORY, COUNTS.

In the February number you printed an abstract of my reported experience with your hypnotic anesthetic (hyoscine, morphine and cactin comp. Abbott).

Since using the hyoscine, morphine and cactin tablets in a number of different cases I would not be without them. They are valuable in obstetrical as well as surgical work, and in many other cases where morphine or hyoscine is needed. The hyoscine prolongs the rest so well in pain cases that a second dose of morphine is not needed nearly as often.

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Glyco-Thymoline as an Intestinal Antiseptic.

BY S. E. FOWLER, M. D., KANSAS CITY, MO.

After having used Glyco-Thymoline as an intestinal antiseptic in my practice for some time and having given it a thorough test in a great number and variety of cases, I do not hesitate to say that in Glyco-Thymoline we have placed in our hands another excellent weapon with which to combat certain forms of diseases and in cases where the use of a remedy of its nature is indicated I consider it far superior to any preparation I have ever used.

CASE 1.—J. P., male, age 22, had been troubled with nausea, loss of appetite, diarrhea, slight fever for several days. When I called I found that the true dysenteric symptoms had set in, viz., pain on pressure along the transverse and descending colon, colicky pains about the umbilicus, burning pains in rectum, stools a grayish, though, transparent mucus streaked with blood, urine scanty and high colored. Flushed the bowel with a solution of warm water and Glyco-Thymoline, one ounce to the pint of water.

℞ Glyco-Thymoline.
Liq. bismuth aa.....℥iv
Sig.: Tablespoonful every two hours.

In a very short time all the distressing symptoms had disappeared and in a few days patient had fully recovered his normal health, although somewhat emaciated and weak.

CASE 2.—R. P. C., male, age 26. Found patient greatly prostrated, nausea, vomiting, cold skin, feeble rapid pulse, anxious expression on countenance, stools frequent, containing blood, pus and some gangrenous mucous membrane.

Diagnosis: Epidemic dysentery. Ordered high irrigation of warm water with Glyco-Thymoline, one ounce to each pint of water, same to be repeated every six hours, milk punch, at frequent intervals and diet of the most nourishing character.

℞ Glyco-Thymoline.
Liq. bismuth aa.....℥iv
Sig.: Tablespoonful every two hours.

Saw patient again in six hours and noticed a great improvement in his condition. In forty-eight hours feces had begun to appear in the stools. I then ordered the Glyco-Thymoline mixture to be given every four hours. Patient made a good recovery, and I have every reason to believe that the disease did not leave the bowels in a crippled condition (as is often the case) either from loss of structure or cicatrices.

CASE 3.—R. E., male, age 30. Found patient with severe headache, feverishness and malaise, stools consisting of muco-pus, uneasy burning pain in rectum and constant desire to stool. Ordered high enemas of tepid water with one ounce of Glyco-Thy-

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AN IDEAL ADJUVANT

For Abdominal Pain and Visceral Inflammation

A rational method for treating locally all forms of disease in which inflammation and congestion play a part.

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moline to each pint of water, to be repeated twice daily and Glyco-Thymoline to be taken in two teaspoonful doses diluted with water every two hours. Recovery rapid and complete.

CASE 4.—Child, aged 4 years, had been troubled with a diarrhea for two days before I was called in. Found patient with considerable fever, no appetite, moderate vomiting, pain and tenderness in abdomen, stools semi-fluid, greenish, mixed with yellowish portions of ordinary feces, the typical "chopped spinach" stools. Gave directions in regard to diet, cleanliness, ventilation, etc., and prescribed:

℞ Glyco-Thymoline.
Liq. bismuth aa.....ʒii
Sig.: Two teaspoonfuls every two hours.

I could notice a decided change for the better in six hours and a continued use of the above prescription resulted in the patient's complete recovery.

"Ergoapiol" (Smith)—Its Therapeutical Indications—With Clinical Notes.

BY C. W. CANAN, B. S., M. D., PH. D.

We desire to call the attention of the medical profession to a new pharmaceutical product possessing valuable therapeutic virtues in many diseases peculiar to women. This remedy is known as "Ergoapiol" (Smith), and since its introduction to the profession it has rapidly gained favor with our best physicians. It is strictly ethical, manufactured from the purest drugs and advertised only to physicians.

It is the result of an original combination of the following remedies: apiol, ergotin, oil of savin, and aloin, all of which are freed from toxic and deleterious substances. These agents are blended in such proportions as to overcome the powerful irritating qualities of each and raise the tonic properties of all. A glance at the therapeutical indications of these remedies singly will convince the most skeptical of the virtues of "Ergoapiol"—the result of their combination.

Since the days of Jaret, Homolle and Baillot, apiol has gradually grown in favor as a therapeutical agent, but until recently it had one decided drawback, that of containing deleterious and toxic impurities in combination. Recently, through the skill of the never-tiring pharmacist, these have been eliminated, and it can now be prescribed without fear of producing disagreeable symptoms, but with an assurance that its full therapeutical virtue will be realized. Even in its impure state apiol gained considerable reputation in the treatment of nephritis, dropsical effusions, amenorrhea and dysmenorrhea. Its emmenagogue properties have been greatly enhanced by the removal of all impurities. In smal doses it now became a mild aromatic stomach tonic; it is also highly recommended in membranous dysmenorrhea. The therapeutical value of ergotin is too well known to call forth comment here. Com-

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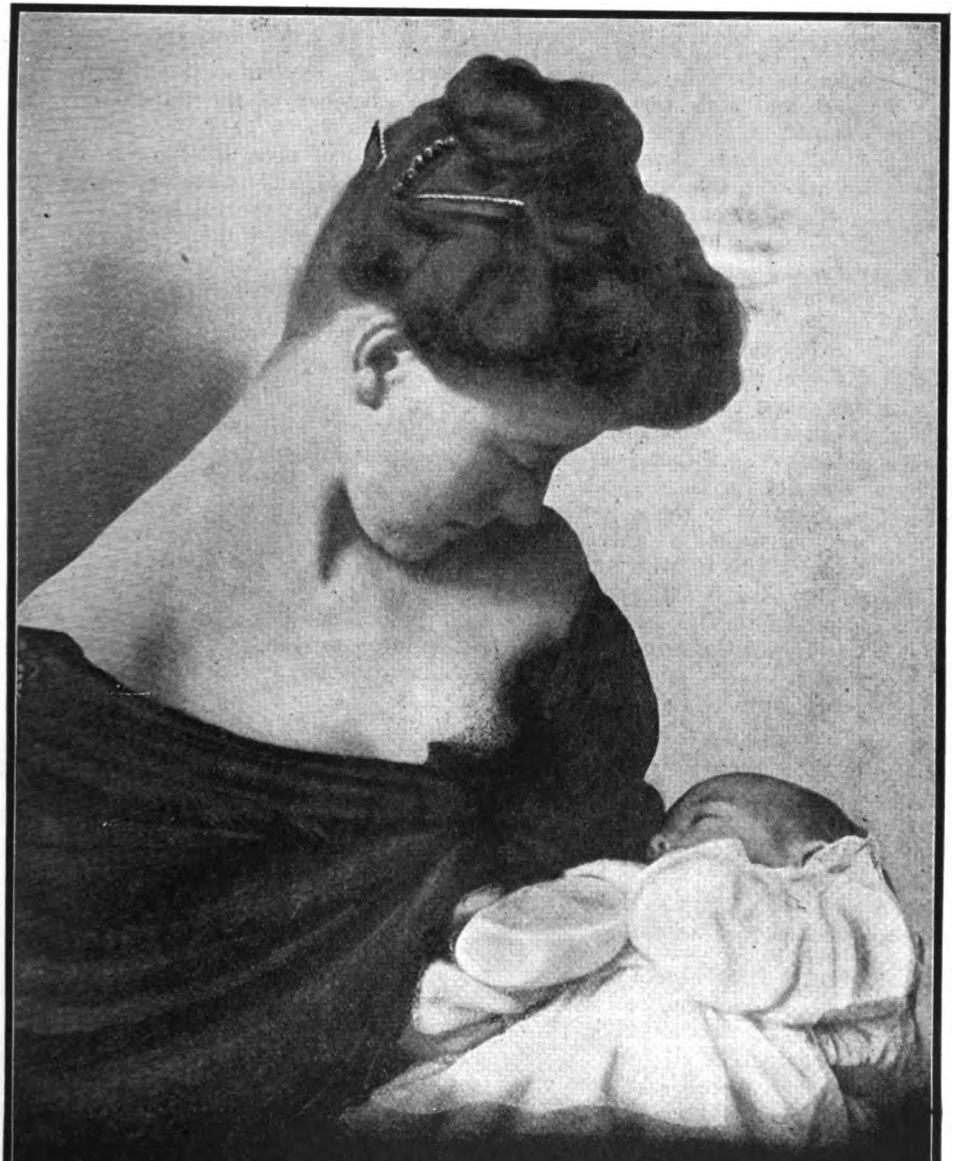

GLYCO-THYMOLINE

PROPHYLAXIS—The very nature of artificial foods and cow's milk predisposes to their rapid decomposition. A few drops of Glyco Thymoline added to each feeding corrects acidity and prevents disorders of stomach and intestines.

TREATMENT—As an adjunct to your treatment of summer complaints, Glyco-Thymoline used internally and by enema corrects hyperacid conditions, stops excessive fermentation and prevents auto intoxication. It is soothing—alkaline—nontoxic.

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bined as it is in "Ergoapiol," it becomes an excellent adjunct to apiol, and adds very materially to the efficiency of the finished product.

All students of medicine are aware that oil of savin is a powerful and valuable stimulant to the uterine system, and is one of the most potent emmenagogues known. It is also a powerful gastro-intestinal irritant, and therefore is seldom prescribed alone. But when combined with certain correctives, as it is in Ergoapiol," it becomes a valuable addition to the drugs already named—apiol and ergotin.

Since the discovery of the methods of producing aloin from the different brands of aloes this drug has become very popular, and has taken the place of the crude drug to a considerable degree. Aloin enters into almost every emmenagogue pill and mixture. Its value as a therapeutical agent is so well known that it is not necessary for us to speak of it in detail; yet we desire to say that its addition to the drugs in question aids very materially in making "Ergoapiol" so valuable a combination. Being a mild stomach tonic, it aids in overcoming the irritable qualities of the savin; also acting as a hepatic stimulant, freeing the portal circulation and relieving the torpid condition of the lower bowel, it goes a great way toward relieving that condition so often present in diseases of women—pelvic engorgement. These qualities make it an ideal adjunct to the emmenagogues mentioned.

Our attention was called to "Ergoapiol" (Smith) through a reprint from a St. Louis journal. This reprint gave the names of remedies entering into the combination. We at once concluded that this product would be a useful one, and securing a supply we began prescribing it whenever indicated.

The results were even greater than we had anticipated. From the beginning we have kept clinical notes of each case, some of which will be recorded in this article. "Ergoapiol" is a mild, aromatic stomach tonic, anodyne, antispasmodic, and hepatic stimulant. It is also a laxative, an ideal emmenagogue in the full sense of the term, and exerts a decided tonic influence upon atonic conditions of the pelvic vescera. It is indicated to a greater or less extent in all forms of dysmenorrhea, viz., atonic, congestive, obstructive and membranous. In true obstructive dysmenorrhea due to actual stenosis of the uterine canal, to a sharp flexure of the organ, or to the valve-like action of a clot or a polyp it is seldom indicated because this form of organic dysmenorrhea requires either surgical operations or mechanical means to effect a cure. However, good results may be expected from its use after such operations have failed to complete a cure or to relieve the suffering. It is even useful in the form where clots cause the trouble by their mechanical obstruction, and we have seen its administration cause the passage of a polyp in one patient. Good results may be expected from its use in that form of dysmenorrhea known as membranous, due to an exfoliation of the endometrium in the form of a membrane. In amenorrhea it is far superior in value to any remedy we have yet tried, if the cases are properly selected.

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Amenorrhea due to taking cold at the menstrual period, or caused by shock, can be relieved with the remedy in question.

This remedy is occasionally beneficial in certain forms of metorrhagia, after operations to remove fungoid or polypoid growths, or after curetting the uterus. It is a remedy of great value in menorrhagia, especially in that form due to fecal impaction, with torpidity of the liver in persons nearing the menopause. Where this trouble occurs in a plethoric and indolent subject the following plan of treatment will generally be all that is necessary: Begin three or four days before menstruation is due and give one brisk mercurial purge, then follow with "Ergoapiol," one capsule three times per day. If this plan is carried out for several months at each menstrual period, a cure will be the result.

"Ergoapiol" is especially indicated when disturbances of menstruation occur in feeble and anemic women. It should be alternated with some form of iron in such cases.

There is a condition in which the patient's menses are regular as far as time is concerned, but the flow is very scant, exceedingly thick, tarry in color, with an offensive odor. The patient suffers pain and weight in the pelvis and back; is despondent, loses flesh and strength, and may or may not suffer from various reflex disturbances. In this state of affairs "Ergoapiol" will be found a sheet anchor.

Before recording the clinical notes gathered while prescribing the drug under consideration, we wish to call attention to one or two important things before leaving the subject. The first is that form of amenorrhea that is brought about by constitutional disease, such as tuberculosis. In these conditions it is a common occurrence to have women insist on their physicians giving them something to bring on menstruation, thinking that its absence is the cause of their condition, when the fact is, the stopping of menses is only a wise provision of nature to prevent faster decline of vital forces. The course to be pursued is to treat the constitutional disease, and when a cure of the latter has been accomplished, this form of amenorrhea will generally take care of itself. However, when the patient's general health has been restored and the function fails to return, then "Ergoapiol" can be prescribed with good results. Our second subject is that of prescribing emmenagogues indiscriminately without regard to the cause of amenorrhea. Women who know or suspect themselves to be pregnant, frequently consult a physician in the hope that, in the attempt to bring on menstruation, he will really succeed in causing abortion. Whoever, under such circumstances, prescribes "Ergoapiol" with the understood purpose of inducing the menstrual flow, is liable to have criminal charges brought against him in case abortion actually does take place, even as the result of something the woman has taken or done herself. Before prescribing "Ergoapiol" in amenorrhea the physician should satisfy himself that pregnancy does not exist, and in case of doubt he should decline the management of the case, unless he can protect himself by securing some trustworthy consultant who will share the responsibility of the case.

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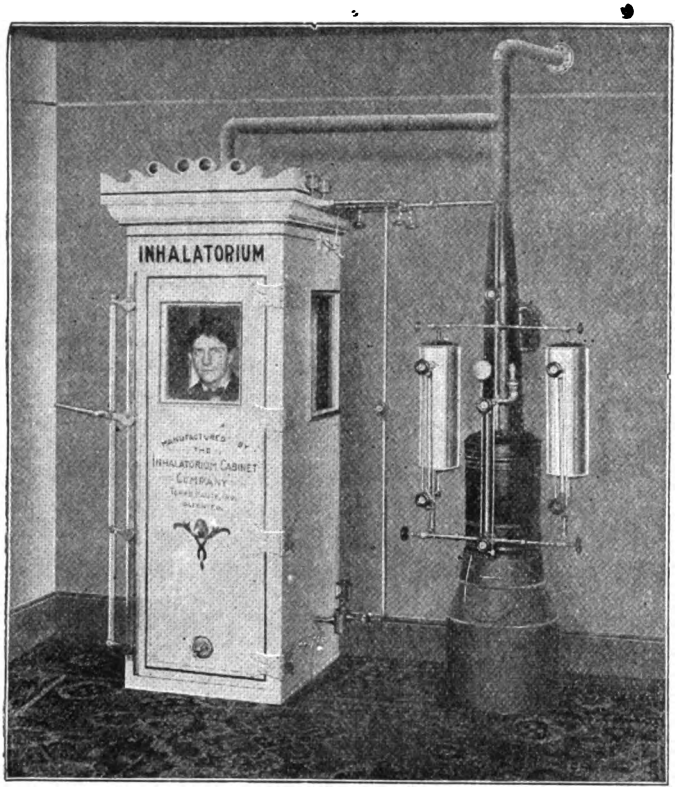

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For Texas Medical Journal.

Treatment of Infected Wounds.

BY EMORY LANPHEAR, M. D., PH. D., LL. D., ST. LOUIS, MO.,
Professor of Operative Surgery and Clinical Surgery in the Hippocratean College of Medicine.

Every wound received accidentally is an infected one. Wounds inflicted by a surgeon should, theoretically, be aseptic, free from infection; but, unfortunately, many are not so because of (1) dirty fingers, (2) unclean instruments, (3) non-sterile gauze, (4) failure to drain when (a) the patient is very fat, (b) there is much oozing, (c) dead spaces have been left by unskillful suturing, or (d) the skin was not properly prepared, so that stitch abscesses have formed with subsequent general infection of the wound.

The first principle of treatment of an infected wound is free drainage. Therefore, contaminated wounds should not be closely sutured, save in the scalp where the excessive vascularity permits healing to occur more speedily than elsewhere. If closed without drainage, extensive suppuration is almost certain to occur, often with disastrous results—erysipelas, septicemia and lockjaw.

1. *Simple Incised Wounds.*—No amount of scrubbing, irrigation or application of antiseptic agents can transform an infected wound into a sterile one, which may be closed completely. Nevertheless, efforts at attaining "near asepsis" should be made—varying according to the character and location. When the wound is a clean cut—like that of a razor, sharp knife, sickle or other weapon that is not presumed to be reeking with bacteria, though not surgically clean, the proper treatment is to scrub the surrounding surfaces and the edges of the incision with soap and water, then wash with alcohol for a half minute and finally apply gauze satu-

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rated with solution of bichloride of mercury 1 to 2000 or phenol 1 to 40; finally flushing the wound itself with the sublimate or phenol solution.

In the absence of these agents turpentine makes a fairly good antiseptic agent.

A wound thus prepared is in faily good shape for closure. Very small wounds may be closed without drainage, as may also practically all cuts about the scalp and face. But in every other part of the body some kind of drain must be inserted. In many instances, if hemorrhage is completely controlled, two or three strands of catgut may be pushed to the depths of the wound at one or two places (according to size of cut) and left projecting through the skin; if there be much oozing, or the cut be deep, it is better to put in a little strip of gauze in one or two places.

For this partial closure of an infected wound, silkworm gut is the ideal suture, except for the face and scalp, where ten-day chromicized catgut No. 1 is to be preferred.

When the wound has thus been cleaned, closed and drained, it should be covered by several layers of gauze, preferably wrung out of the sublimate or phenol solution; a pad of absorbent cotton applied; and a bandage so placed as not to press tightly upon the wound, as this would interfere with the free drainage desired.

The closure of such wounds by collodion can not be too strongly condemned. The application of dusting powders, like iodoform, bismuth, etc., is also highly objectionable. Such wounds should be dressed on the third or fourth day. The gauze removed, the wound-surface is first carefully inspected and if found free from inflammation or much discharge the drains are withdrawn by sterile forceps and the surfaces quickly covered with gauze, without handling or washing. If there be much discharge the surface must be cleaned by gently wiping with clean gauze or cotton and the antiseptic dressing applied. If inflammation of a severe degree be deemed impending, some of the sutures may be cut and the wound permitted to gape. In some cases the wound should be inspected again in forty-eight hours.

Badly Lacerated Wounds.—The method of cleaning of a badly lacerated wound is the same as that of the simple wound except as to the management of the wounded surfaces themselves.

If there be grease and much dirt in the wound it is a good plan to clean it out with gasoline, followed by 65 per cent alcohol and then 1 to 2000 sublimate solution. All scraps of injured skin, muscle, etc., which are so injured as to be certain to die must

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be trimmed away with scissors—leaving them only makes infection worse and delays healing many days.

It is in these deep, lacerated wounds that antiseptics like iodoform do good. A very useful preparation is

Camphor .....39 parts.
Phenol .....21 parts.
Liquid petrolatum.....40 parts. Mix.

This may be poured into the wound freely, the excess being permitted to run into the gauze which is applied over the hole. It is especially valuable in wounds involving joints.

Or if the bone be injured it is usually better to fill the depths with iodoform and cover with 10 per cent iodoform gauze.

Sometimes the wound may be partially closed by stitches—patients prefer to have it so; but often it is best just to pack the cavity loosely with sterile gauze.

This kind of a wound should be dressed in forty-eight hours, or sooner if the gauze and cotton become saturated with serum and pus or if high fever develop. At the first dressing it is best not to disturb the depths unless there be fragments of tissue to remove or necessity for providing freer drainage.

At the second or third dressing wound secretion will be abundant. If putrefaction is going on there will be a disagreeable "stinking" odor, and it may be necessary to trim out dying tissue and pour in a considerable quantity of liquid phenol (*i. e.*, 95 per cent carbolic acid), almost instantly neutralizing it by pouring in pure alcohol. Then the dressings are applied as before.

After a few days the amount of discharge may be very great, from a large wound; so great that the surgeon desires to lessen it. For this purpose may be used

Resorcin .....1 part.
Boric acid.....20 parts.

Apply freely to all parts of the infected surfaces and cover with gauze and cotton.

The practice of covering the dressings of these wounds with rubber tissue or oiled silk can not be too severely criticized. Such "protective" simply adds to the ability of the bacteria to multiply.

In some cases, when granulation seems to be delayed too long, it is good practice to cover the wounded surfaces with a few layers of bichloride gauze held in place by strips of adhesive plaster around the edges and place the patient where the wind may blow over the sore; or in winter to place the patient near a fire so that

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by evaporation of the watery part of the discharge the process of Nature's "healing under a scab" may be simulated.

After granulation has been well begun the less the surface is disturbed the better. Dressings should be changed only when becoming foul, and the discharges must be merely mopped away in the gentlest manner possible—all water, hydrogen dioxide, sublimate solution, etc., should be banished, save for cleaning the skin contiguous to the wound, and, as a rule, the less that is disturbed, also, the better. Plenty of clean gauze and cotton, with a loose bandage and perfect quietude will now do more than all the antiseptics made. It is hard to make the average nurse leave such wounds alone—she invariably wants to "do something," and often the patient and doctor also do. "Blessed is he who has learned well to do nothing."

3. *Punctured Wounds.*—Punctured wounds are extremely dangerous, since they are always infected and do not by their nature permit drainage without enlargement by the surgeon. Penetrating wounds of the abdomen are particularly serious, and the invariable rule should be to enlarge and explore them or to make a median section if viscera are known to be injured.

Every penetrating wound of any great magnitude should be treated by thorough cleaning of the adjacent skin and wide incision to the bottom of the original injury, however deep it may be. Then, unless some internal organ or delicate tissue prohibit, the surface may be cauterized with pure phenol, followed in half a minute by pure alcohol. Before this is done, however, careful search should be made for foreign bodies if the nature of the accident is such that particles of clothing, dirt, splinters, etc., may have been carried into the depths, and the incision partially closed by sutures so introduced as not to interfere with free drainage.

The only exception to this rule of treatment is in gunshot wounds of the lung, and rarely in shot wounds of the brain.

4. *Badly Contused Wounds.*—When large surfaces have been badly bruised without apparent destruction of the deep structures, the best management is to clean the skin with 65 per cent alcohol (the virtues of the "old-fashioned" tincture of arnica are ascribable to the effect of its alcohol) and then cover with several layers of gauze, either dry or saturated with the mixture of camphor and phenol above mentioned.

When there is much pain from the bruising, another phenol combination may be employed:

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Chloral hydrate .....1 part.
Phenol .....1 part.

Mix in a mortar sterilized by boiling and keep in a bottle similarly cleaned. Gauze or clean flannel may be saturated with this and applied to the sore. It is both antiseptic and anodyne.

Such a wound ought to be redressed in forty-eight hours in order to see that the deeper tissues are not sloughing. As soon as it is apparent that sloughing is sure to occur, it is best to open the wound freely, in several places if necessary, to permit early and free drainage. By this measure one may often prevent a deep slough and a long, tedious period of suppuration.

If in spite of the most careful antiseptic treatment constitutional symptoms arise, the treatment for the particular kind of sepsis must be instantly adopted, *i. e.*, staphylococcic, streptococcic, saphrophytic, etc.

For Texas Medical Journal.

Recumbency in the Treatment of Infantile Paralysis.

BY ADONIRAM B. JUDSON, M. D., NEW YORK, N. Y.

In the ever-changing treatment of disease the influence of environment is receiving unusual attention, as is seen in the management of tuberculosis of the joints. The influence of the lapse of time is also better understood. Medicines are given in small doses for very long periods, and the effects of time on the body are more clearly seen to influence the course of disease and the action of remedies.

In the treatment of infantile paralysis I propose a method which relies exclusively on the influences of environment and the lapse of time. It is applicable only in the very early stage, before the case is likely to be seen by an orthopedic surgeon. As soon as the disease is recognized I would limit the patient to the recumbent position till there is no possibility of further recession of the paralysis. The period of spontaneous recession extends over several months. During this time the difficult task must be undertaken of keeping a child, well in every other way, off his feet at an age when he should be learning to walk. In some cases eighteen months should be occupied in this way. The common belief that such a patient requires exercise, especially of the affected limbs, will give rise to criticism and objections. A simple argument will not prevail in the family circle, and the physician's word

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will hardly prevent the little patient from having many a romp. And when the case ends there will be differences of opinion. If some lameness results, it may be said that the patient should have had more exercise, and if there is no disability at all, after the strict observance of recumbency, it may be said that there had been very little the matter with the child.

The argument is as follows: It will be recalled that the ill effects of joint disease are seen more commonly in the lower extremities than the upper because tuberculous action is subject to resolution in the epiphyses of the shoulder, elbow and wrist, but often goes on to destruction of the articulating surfaces of the hip, knee and ankle. And when it is noted that the arms are free while the legs bear the weight of the body it is reasonably inferred that the joints of the lower extremities when affected, or even suspected, should be protected by either recumbency or appropriate apparatus. The conclusion is a plain proposition, and needs no discussion or verification. It shares the simplicity of Jenner's argument when he traced the relation of cause and effect and prescribed vaccination. In another field Finlay, walking with his eyes open, apprehended the relation of cause and effect and prescribed the sequestration of the mosquito.

The necessity of reforming the environment of the lower extremities having been derived from clinical observations of joint disease, can practical conclusions be drawn in a similar manner from observing the course of infantile paralysis? Disability from this disease is seen eight times as often in the lower as in the upper extremities, and yet in the early stage the paralysis is found in all parts of the motor nervous system. The muscles of the recumbent patient are in very moderate use and in a position entirely favorable to spontaneous recession of the paralysis. The arms and hands retain this advantage when the patient is erect, but the impaired muscles in the legs and feet give way at once when they meet the resistance of the weight of the body. They rapidly become elongated and attenuated, and could not well be placed in an attitude more destructive of the possibility of restoration.

When prescribed recumbency shall give to all parts the same environment, recession of paralysis will be equally encouraged in the lower and upper limbs, the disproportion of 8 to 1 will disappear and the sum of deformity from this disease will be materially reduced.

The value of the method is thus *proved,* but it is not readily *demonstrated.* When comparing methods it is not easy to show

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that one is better than another. It may always be said that a case cited in behalf of a certain method may have been one that would have done well under any treatment. Tables of carefully recorded cases might lead to correct estimates, but studies of this kind are difficult and have not escaped criticism. Dr. Gaillard Thomas said with wit and wisdom that if there is anything more misleading than facts it is figures. Medicine and surgery are still outside of the realm of exact science. Therefore, we welcome every logical and reasonable resource of prevention and treatment.

Passive motion, resistance exercises, electricity, massage, local applications and judicious medication should be continued. They can not interfere with the treatment proposed, and their observance may make it easier persistently to maintain recumbency, the most important agent of all.

For Texas Medical Journal.

American Proctologic Society.

NINTH ANNUAL MEETING, HELD AT ATLANTIC CITY, N. J., JUNE 3 AND 4, 1907.

The President, Dr. Samuel G. Gant, in the chair.

OFFICERS ELECTED.

The following officers were elected: President, A. Bennett Cooke, M. D., Nashville, Tenn.; Vice-President, Louis J. Krouse, M. D., Cincinnati, Ohio; Secretary-Treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pa., and the Executive Council, J. Rawson Pennington, M. D., Chicago, Ill., Chairman; Samuel G. Gant, M. D., New York City, N. Y.; A. Bennett Cooke, M. D., Nashville, Tenn.; Lewis H. Adler, Jr., Philadelphia, Pa.

The place of meeting for 1908 is Chicago, Ill., the time to be announced later.

ELECTION OF MEMBERS.

The following were elected members of the society: Dr. Jerome M. Lynch, of New York City; Dr. Jas. A. McVeigh and Dr. J. A. MacMillan, of Detroit, Mich.

The following is an abstract of the principal papers read:

PRESIDENT'S ADDRESS.

The President, Dr. Samuel G. Gant, of New York City, said "that the annual meetings of the Society were like a post graduate

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school where advanced information in proctology could be obtained by the members. He considered it unwise to admit to membership in the society the general surgeon and the young rectal specialists of less than five years' experience in this special work, because the membership would become too large and the papers contributed by them would not meet the requirements.

He maintained that the proctologist of the future, in order to be successful, must have a thorough literary and medical education, a hospital training and clinical facilities, and that he must be clever, industrious and persistent. He emphasized the necessity of educating both the profession and the laity as to the remarkably improved methods now employed in the handling of patients suffering from disease in the lower bowels. He also said it was the duty of the proctologist to demonstrate by his work and writing that most tubercular fistulæ were curable and that the curing of ordinary fistulæ did not tend to bring about lung or skin affections, as was formerly believed; that fecal incontinence does not follow fistula operations when the muscle is cut at a right angle and the wound is properly dressed; that many rectal diseases, such as fissures, ulcers, small fistulæ and some hemorrhoids can be operated upon under local anesthesia, and that in the majority of instances constipation and chronic diarrhea are curable by local and surgical measures.

Finally, he emphasized the fact that the etiology of many discomforts, nervous and reflex phenomena, usually attributed to the genital organs is frequently to be found in some pathologic process located in the sigmoid rectum or anus."

REPORT ON PROCTOLOGIC LITERATURE FROM JUNE, 1906, TO JUNE, 1907.

Dr. Samuel T. Earle, Baltimore, Md., read his report on Proctologic Literature, covering a period from June, 1906, to June 1907, in which he said "That, while there has been nothing startling in proctologic literature in the past twelve months, your committee is gratified with the steady progress in this branch of medicine and surgery, as has been reflected in the literature on this subject. Especially gratifying have been the recommendations for the radical treatment of carcinoma of the upper rectum and sigmoid, as set forth in the papers of Samuel G. Gant, W. J. and C. H. Mayo, and James P. Tuttle, in which they all recount the combined advantages of the abdominal and perineal routes, which we think will greatly lessen the likelihood of recurrences, and increase the

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number of permanent cures. We note with pleasure the systematic efforts that are being made in the study of the etiology of pruritus ani. The paper of Wallace of London in 1905 on the study of this question stimulated the efforts of others in this direction, and we find an excellent paper by J. C. Hill, of Boston, on the same, in the *Boston Medical and Surgical Journal,* 1906. In this article he takes the stand with Wallace that there is always a cause for this malady is which the pruritis is only a local symptom. We quote him as follows: "Pruritus ani is the symptom caused by unnatural moisture or discharges, produced either by lesions about the anus or by congestion, or some pathologic condition in the rectum or sigmoid. It is due to one of five causes. First, and by far the most important, are superficial ulcerations, or abrasions of the anal canal. Second, catarrhal diseases. Third, external hemorrhoids. Fourth, inflammation or irritation of the crypts of Morgagni. The free borders or valves of these crypts consist chiefly of nerve fibres, ganglion cells and connective tissue. When inflamed or infected, they may give rise reflexly to pruritus ani. The writer calls attention to the tits which project from the margin of these valves as accessory sense organs. When hypertrophied or elongated they cause many distressing symptoms about the anus, viz., creeping, crawling sensations and itching. Fifth, small polypi of the anal canal."

It is not only necessary to remove the exciting cause of the disease, but also to direct appropriate treatment to the unnatural conditions of the skin. In this connection your committee is glad to be able to report a number of cases of the aggravated form of this disease which had failed to respond to the usual local and constitutional methods that were successfully treated by Dr. Ball's recommendation of dividing the anal nerves. These have been reported by Drs. Mattin and Earle.

Dr. Charles B. Kelsey calls attention to the office treatment of hemorrhoids by puncture with the electric cautery. The method is to make numerous punctures with a pointed cautery to the internal hemorrhoids. This method has been used for the past ten years in lieu of that by injection, with most satisfactory results, and without any unfavorable effect. For the details of the method I would refer to his article in the *Therapeutic Gazette* for March 15, 1906. The reviewer would respectfully report with reference to this suggestion that about ten years ago he tried in a number of cases, but with only temporary success where the hemorrhoids were large. It answered very well in small capillary hemorrhoids. J.

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A. Hartwell in the *Annals of Surgery,* Philadelphia, for 1906, Vol. 43, page 146, reports a case of resection of the rectum for syphilitic stricture, with end to end anastomosis. As might have been predicted, it recurred, and while it was necessary to continue dilating, he was not hopeful of results. Your committee would remind its members that such radical measures seldom accomplish the desired results, as recurrence is almost inevitable.

"ADDITIONAL EXPERIENCE WITH A NEW PROCEDURE IN OPERATING FOR ANO-RECTAL FISTULA.

By Dr. J. R. Pennington, Chicago, Ill., who said: "I have found the employment of the seton in operating on cases of ano-rectal fistula greatly aids in preserving the contour of the anus and the functions of the sphincter muscles."

The technique in using the seton is as follows: After all of the fistulous tracts external to the sphincter are divided a probe-pointed director is passed into the bowel through the remaining tract and an incision made on its distal side. This incision should extend far enough distally to divide all or a part of the fibers of the external sphincter and in such a direction as to locate the transferred internal opening at or near the anal margin. Then, turning the knife, make an incision—Salmon's "back-cut"—on the proximal side of the tract. A seton is then passed through the opening entering the bowel and tied loosely around the tissues remaining and undivided.

The wound is dressed as after the ordinary incision operation for fistula. At the end of twenty-four to thirty-six hours the wound is redressed, care being taken to dress it so that the opening entering the bowel will be made to heal from the proximal toward the distal side. The object in doing this is to advance the final fistulous tract as far distally (toward the skin) as the case will permit, so that, if possible, it will pass through or distally to the fibers of the external sphincter, when the healing process is complete.

As a rule the enlarged tract entering the bowel soon closes, with the exception of the part through which the seton passes. As soon as this has occurred the seton may be removed, and by the time the external wound is healed the tract entering the bowel will possibly have closed also. Should it not, at any time later this little tract may be dissected out and the remaining fibers of the muscle sewed together, thus preserving the contour of the anus and the functions of sphincters.

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"OCCULT HEMORRHOIDS FROM THE RECTUM."

By Dr. William H. Beach, Pittsburg, Pa., who stated:

1. Occult blood in the stool indicates disease high up in the gastro-intestinal tract.

2. Accompanied by certain rational symptoms, as pain localized, the origin of occult blood can be noted.

3. The discovery of blood in the stool may enable us to predict hemorrhage or prevent disaster.

4. The most frequent sources of occult blood are in the order named: Stomach, duodenum and caput coli.

5. The aloin-turpentine test, as practiced by Dr. J. Dutton Steele, of Philadelphia, is recommended.

6. Proctologists should make an examination for occult blood a routine practice in cases of anemia accompanied by diarrhea or constipation.

"ETIOLOGY AND SYMPTOMS OF FISSURE."

By Dr. C. F. Martin, of Philadelphia, Pa., who said: "The fissure is usually situated posteriorly and directly over the 'white line' of Hilton, due to the arrangement of the fibers of the external sphincter and to the fact that the anal canal has less elacticity directly over that line. Most fissures start as the result of the distention of the canal by hard feces and excessive straining at stool. Those situated anteriorly, are often seen after confinement due to the pressure of the fetal head upon the perineum.

The sentinel pile is noticed in most cases if the fissure has been present for any length of time. It is a simple inflammatory hypertrophy. Hypertrophy of the anal papillæ does not appear to be an important factor in the causation of fissure. True hypertrophy of the sphincters is rarely seen, but in its place we find an excessive irritability of the external sphincter.

The distinctive symptom of this disease is pain or sphincteralgia, preceded by a "pain interval" of from one minute to an hour, during which time the patient has comparative comfort. The pain is caused by spasm of the sphincter compressing the nerves in the ulcer. This contraction interferes with the perianal circulation and renders the inflamed nerves more sensitive. The "pain interval" is caused by a temporary improvement in the perianal circulation produced by the straining efforts at stool.

The constipation of fissure often precedes the formation of the ulcer, an irritable sphincter being the underlying factor in the production of this condition. The constipation increases after the

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formation of the ulcer due to the fear of the patient of the pain following stool.

The treatment consists in the divulsion of the sphincters and the usual stimulating after treatment. The sentinel pile should be removed at the time of divulsion. Division of the external sphincter is not advised, for frequently it does not unite and eventually atrophies. Fistulæ, abscesses and fecal impaction are mentioned as frequent complications of fissure and call for appropriate treatment.

"LOCAL VS. GENERAL ANESTHESIA IN RECTAL SURGERY."

By Dr. G. B. Evans, Dayton, Ohio, who stated that "Pain naturally is the common curse and dread though relatively essential of the human family.

"The law of self-preservation when an individual is threatened with pain is at once a law of resistance, manifest by intense expectancy and defiant attitude.

"The shock incident to the terror of pain is incomparable to that which is likely to follow an abbreviated use of a general anesthetic. In consideration of the evolutionary plane occupied by the average American of today and the more remote period of his removal from the gorilla peripherial sensibility of the jungle, we are forced to conclude that he is more sensitive and in need of greater consideration for the relief of pain. Because an operation can be done painlessly, it does not follow that there will not be subsequent suffering and some, and perhaps severe, shock.

"But in this nerve block period of Creile and Pennington, and the Gant period of dermal and sub-dermal distension, we are told there is scarcely any use any more for a general anesthetic. Do we not believe as proctologists that in our operative field sensibility is most difficult to abolish, and would it not naturally appear that more narcosis is necessary in this kind of surgical work and as a consequence more shock? Again, would it not be possible by the combined use of general and local anesthesia less shock would ensue—and more operations could be made with success. I believe that by using the local anesthetic preceding the general anesthesia we lessen the amount of the general anesthetic appreciably, diminish the dread and fear, and consequently diminish shock and danger thereby. Therefore, the combined method of narcosis, less anesthetic, suspending shock incident to conscious dread, as well as anesthetic shock, rendering more complete operative area—consequently more satisfactory work. It is simple to

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operate upon prolapsing piles, but not so simple to operate upon piles above the sphincters yet demanding operative interference.

"The injections of sterile solutions disturbs the parts anatomically. The frequent punctures through the tissues invite infection, and infection trouble. You can never measure the nerve and seldom the surgical all of your patient. Its chief advantage is that occasionally you are able to do work in your office and even then unsatisfactorily.

"I fail to see the advantage of operation under local anesthesia in your office and follow your patient home and give hypodermic or morphia over the usual custom of operating at home in the first place.

"An operation for hemorrhoids is a matter of some seriousness —often attended by some shock—often bloody, and the greatest caution should be observed that asepsis be obtained.

"I do not think it best for our patients that general practitioners should be taught that aseptic precautions at the time of operation and rest at home for a few days is unnecessary. Do we not magnify the applicability of local anesthesia, will not accidents occur, are we not sacrificing perfect scientific work, are we not belittling our chosen work—a class of operations that are important and not free from danger?"

"THE SIGMOIDAL FACTOR IN CONSTIPATION."

Dr. E. A. Hamilton, Columbus, Ohio, said: "In a certain per cent of intractable cases of constipation, organic change in the wall of the sigmoid is the controlling factor. This change is entirely independent of any disturbance which may occur on the outer surface of the viscus; *e. g.*, malposition and pathologic flexures due to adhesions. The change in the gut occurs in the sub-mucous and muscular coats and consists of a round cell infiltration of these coats, which subsequently contracts, thereby to a greater or less degree narrowing the lument of the bowel. The round cells change into spindle cells subsequently undergoing a metamorphosis into true connective tissue. The contraction of this connective tissue so narrows the caliber of the sigmoid that constipation of an obstinate type must result. This change is not always limited to the sigmoid, it frequently involves the descending colon as well; in addition to the contraction of the gut it loses also its resilience, which further adds to the difficulty of the passage of fecal debris. The etiologic factor is the absorption of bacteria and toxic products from the sigmoidal contents. The mesentery

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is also involved, and is thickened and shortened. The whole process is chronic, several years being required to bring on the condition. Surgery offers the only relief. An anastomosis must be effected by any suitable surgical procedure between the unaffected position of the intestinal tract above and below the lesion.

"A REPORT OF TWO CASES OF SIGMOIDOPEXY."

Dr. S. T. Earle, Baltimore, Md., who said: "That in one of the cases there was the third degree of prolapse of the rectum, the invagination of the upper part into the lower portion of the rectum; in the other case there was a very acute flexure of the sigmoid upon the rectum, both of the conditions, as is well known, are frequently due to an abnormally long meso-sigmoid. The symptoms in each case were obstinate and persistent constipation, frequent bearing down pains in the lower pelvis, a sense of weight and especially a feeling of unrelief for some hours following a stool, or an attempt at the same; associated with these local symptoms were darting pains in various parts of the body, nausea, anorexia, frequent headaches and the various neurotic symptoms that go to make up a typical case of neurasthenia. The case of invagination was diagnosed positively by a digital examination while straining at stool, the sulcus being distinctly felt with the finger; the case of acute flexure was diagnosed by means of the protoscope, the flexure being so acute that it was only possible to enter the sigmoid with the protoscope by getting the end of the latter around the flexure and pulling it aside. The flexure was so acute that it obliterated the lumen of the bowel at this point. The technique of the operation is such as is given in Tuttle & Gant's works on *Diseases of the Rectum and Anus.* I met with no special difficulty in performing the operations. The meso-sigmoid was very long in both. I was particular in pulling off the abdominal peritoneum where the sigmoid was to be held in apposition and also in attaching the sigmoid to the transversalis fascia. Both cases made good recoveries, except that one was retarded by a stitch abscess. The results in both cases were most satisfactory and pronounced, with almost immediate relief of the persistent and obstinate constipation, with the gradual disappearance of the neurotic symptoms. Dr. Gant has recently reported a number of sigmoidopexies and colopexies with most satisfactory results.

"Dr. Clark, in a paper read before the Medical and Gynecological Section of the Medical and Chirurgical Faculty of Mary-

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land, on February 15, 1907, called attention to the frequent associations of gastroptosis, floating kidney and enteroptosis in the same individual."

"FECAL IMPACTION."

Dr. Lewis H. Adler, Jr., of Philadelphia, Pa., in a paper entitled "Fecal Impaction," called attention to the result of obstipation, or an attack of constipation causing an accumulation of feces in the cæcum or in any part of the colon; but the term impaction, the subject of the paper, should be usually employed when such an accumulation occurs in the pouch or ampulla of the rectum, or in the sigmoid flexure.

Attention was called to the difference between an ordinary persistent constipation and an impaction, as the latter may follow from a single attack of constipation; whereas obstinate constipation may never, or only after a long period, cause impaction. The symptoms of the two conditions are also very different, as an impaction is usually marked by a diarrhoea, whereas chronic constipation is associated with costiveness. After calling attention to the various causes of the malady under consideration and the symptoms of the same, the treatment was defailed as consisting primarily in the removal of the mass, and secondarily in the relief of the inflammation of the mucous membrane occasioned by the irritating presence of the fecal matter as well as the removal of all causes which contribute to the constipated habit, which is undoubtedly the prime factor in most cases in producing an impaction.

The easiest manner of breaking up the fecal mass is to put the patient under an anesthetic and then to forcibly divulse the sphincters, after which the mass may be disintegrated by means of the finger, a lithotomy scoop or an old-fashioned iron spoon. In women considerable assistance may be rendered by passing a couple of fingers into the vagina, and by this means steadying the mass so that it may be the more readily broken.

In some instances the writer was able to break up an impaction without resorting to anesthesia, simply by using the finger and sometimes by the additional use of a bivalve speculum and a rectal scoop or spoon.

Previous to resorting to instrumental aid in the removal of the impaction, the fecal mass may be softened and its passage facilitated by the use of enemas—especially is this so in cases in which the sigmoid is the part affected—in which situation material assist-

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ance can not be gained by the employment of instruments. For the purpose of administering the injection a douche-bag holding several quarts is to be preferred. The injection substance should be composed of soap and water, to which I have found the addition of glycerine of considerable benefit, a dessert-spoonful to a quart. When the impaction is in the sigmoid, the injection should be given through a Wales bougie, preferably the one modified by Dr. Dwight H. Murray, of Syracuse, New York, which is stiffer than the ordinary article sold, which latter is frequently useless for the purpose intended, as it readily doubles on itself, and a high injection is rendered impossible by its use. When this method is employed the patient should be placed in the knee-chest posture.

A word of caution should be given here as to the danger surrounding the unguarded use of drastic purgative drugs in cases of impaction. By their employment peristalsis is increased and the fecal mass softened, but the bowel in its inflamed and distended condition may be thereby the more easily ruptured, and, if in addition a stricture is present, the caliber of the gut may be entirely occluded by forcing into it the hard fecal mass with the attendant symptoms and consequences of total obstruction of the intestines. So much for the treatment of the actual impaction.

"PRURITIS ANI—IS IT A DISEASE PER SE OR MERELY A SYMPTOM?"

Dr. Louis J. Krouse, Cincinnati, Ohio, who quoted from the works of Bodenhamer, Agnew, Wright, Ball, Crepps, Gant, Matthews, Tuttle and others, their opinions regarding the etiology of this disease, and then stated, "Pruritus ani essentials is a disease which is due not to a local but to a constitutional cause, and is due to some trophic changes in the nerves supplying the parts." He further stated that the changes occurring in the skin of the anus and surrounding parts, namely, the hypertrophy, the loss of pliability, and the absence of pigment, can only be explained on the faulty nervous supply of the parts. He showed that an increase of pigment ought to accompany severe itching, and not a total disappearance, and finishes his article by saying that "The absorption of the normal coloring matter of the affected area does occur, notwithstanding that the epidermis was not destroyed," and said "A similar process of absorption takes place in lencoderma. All authorities acknowledge that the cause of the latter disease is to be found in the nervous system," and concluded with the state-

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ment "That pruritus ani, at least in such cases, is a disease *per se*, and not a symptom."

(a) Dr. Dwight H. Murray, of Syracuse, New York, presented a new Hemorrhoidal Clamp, which had the following qualities in combination, that make a first-class instrument, viz., scissors-shaped, parallel jaws, can be closed and released instantly without the use of a thumb screw, thereby saving much time while operating.

The Goodell dilator reversed is used as the ground principle for the lock.

(b) Dr. Dwight H. Murray, of Syracuse, New York, reported the case of a man 48 years old, who had been troubled with sciatica in the right leg for two years, and had also been a sufferer from hemorrhoids for ten years, having frequent profuse hemorrhages therefrom.

The hemorrhoids had not been treated. The sciatic nerve had been stretched and treated by various methods by a physician at his home town, included in which was the following, completed in three sittings two days apart.

At the first sitting, six hypodermic injections 1-150 gr. of atropine each were given into the sheath of the sciatic nerve. At the second sitting, seven injections of the same amount, and at the third sitting, eight injections were given as before and one extra into the nerve before it leaves the pelvis. The patient was unconscious for fourteen hours after the last sitting, very little improvement resulted.

In November, 1906, the author was first consulted, and on December 12, 1906, operated on him for internal hemorrhoids. He made the usual recovery up to the ninth day, when there was a sudden profuse secondary hemorrhage. The patient was almost exsanguinated before the author arrived.

He immediately examined, found the superior hemorrhoidal artery was throwing a full-sized stream; this was secured, the patient stimulated and made an uneventful but slow recovery. The patient has had no sciatic pain since the operation.

Dr. Murray concluded that inasmuch as sciatica is often symptomatic, that no such severe treatment is justified until all possible reflex causes are first removed.

The cause of the hemorrhage was probably due to the thrombus or eschar at the end of the vessel being thrown off before thorough healing had taken place, and was influenced largely by his general anemic condition before operation.

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"THE TREATMENT OF ISCHIO-RECTAL AND PELVI-RECTAL ABSCESSES."

Dr. T. Chittenden Hill, of Boston, Mass., who said "That he employed general anesthesia produced with ethyl chloride for the ischio-rectal abscess and ether anesthesia for the pelvi-rectal abscess.

His experience with infiltration anesthesia has been unsatisfactory. He emphasized the importance of an early incision for peri-rectal abscesses, claiming that when acute symptoms have existed for a day or two, with pain and tenderness, even before there is much edema or discoloration of the skin, long before fluctuation can be detected, an incision may prevent abscess formation by allowing the escape of blood or serous exudate from the engorged blood-vessels.

He advised a T incision and breaking up the existing septa with the finger, after which the sphincters are divulsed. He believed squeezing, scraping or disinfecting an acute abscess to be a great mistake, as it only serves to destroy the new granulation tissue and to spread the infecting bacteria. For the deeper ischio-rectal and in all pelvi-rectal abscesses he recommended rubber drainage tubes, discarding their use as quickly as possible in the after-treatment.

He believed that the great majority of pelvi-rectal abscesses should be reached by perineal dissection."

"CRYPTITIS."

Dr. J. Coles Brick, Philadelphia, Pa., who said: "The anal valves and crypts, first pointed out by Morgagni, and called after his name, are found as vestigical remains of the junction of the rectal mucous membrane with the skin. They vary in number and size, but are absent in the anterior and posterior commissures. They have no known functions, but are the cause of obscure symptoms, when diseased, and from the fact that the valve or covering part of the crypt may conceal the diseased area, repeated examination will fail to show the lesion, unless each crypt is probed, when tenderness or pain will be felt. A conical fenestrated speculum is the best to use, and when the diagnosis has been made the valve should be removed and the crypt converted into a raw surface, so that healing will obliterate it."

Dr. A. B. Cooke read a paper on "Observations on Certain Points in the Anatomy and Physiology of the Rectum." He expressed the view that the usual conception of the external sphincter muscle is erroneous; that under normal conditions it is not in a state of tonic contraction, but, on the other hand, is at rest

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and passive, the shape of the muscle and the arrangement of its fibres being such that the anal aperture is maintained in a state of passive closure. It is not conceivable that a voluntary muscle should require the constant action of nerve force to keep it in a state of rest. The only action of this muscle is to voluntarily oppose or terminate the act of defecation by tonic contraction.

With reference to the internal sphincter, the essayist observed that there is no occasion to credit this muscle with any special action in addition to that of the circular coat of the bowel, of which it is a part. By reason of its location and thickness, it probably exercises some passive sphincter control, but its chief action is undoubtedly that of a detrusor, serving to complete the expulsion of feces and keep the anal canal free of contents.

The levator ani muscles, acting together, constitute the sphincter of the proximal extremity of the anal canal. To understand this it is only necessary to remember (1) that the upper or pelvic surface of these muscles presents a deep, funnel-shaped concavity, the beginning of the anal canal being at the lowest point; (2) the strong bundles of fibres which unite immediately behind the rectum arise in front from the pubis and anterior portion of the fascial line and pass downward and backward in close relation with the lateral walls of the rectum, crossing it obliquely at the upper limit of the anal canal.

The well known difficulty of voiding urine while a costive stool is being expelled, which is usually attributed to the action of the levatores ani, is due rather to the pressure of the fecal mass upon the prostatic and membranous portions of the urethra, since, at the time of defecation, these muscles, like the sphincters, must be in a state of relaxation.

The part played by the anal canal in defecation is purely passive, except at the completion of the act when the voluntary muscles which enclose it are strongly contracted, expelling any remnant of feces and bringing its walls again into their normal relation when at rest of close apposition.

The essayist dissented from the commonly accepted teaching that there is an inhibitory center in the cord which presides over the action of the external sphincter and which is called into action at the time of defecation to inhibit its tonic.

The relaxation which occurs at such times seemed to him fully explained by the mechanical pressure of the descending mass upon a structure which only offers passive resistance unless contracted by voluntary effort, and which possesses sufficient resilience, independent of any nerve influence, to regain its normal form and tone as soon as the pressure is removed.

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The Boy Across The Street.

BY THOS. H. GLOVER,* OF SAN MARCOS.

We are indebted to Dr. S. W. Cock, of Mineral Wells, Texas, for a copy of the *Mineral Wells Resort* containing this gem. Dr. Cock owns the original. The poem has never been published but once before. It appeared in the *Mirror*, of St. Louis, some ten years ago.—ED.

I jus' wish I was that boy across the street,
Nobody combs his hair and keeps him neat;
He wears a great big, broadbrim, "tored-up" hat,
And plays in the street with his ball and bat,
And goes barefooted.

He can go to the creek to fish and swim,
And nobody 'tall is afraid for him.
Don't wear stiff shirts and stay clean when he plays;
Runs out with a yell and jumps on the drays,
And goes barefooted.

I wish I was that boy across the street, 'cause
Nobody says "you mustn't" to everything he does.
He can whip mos' any boy his size in town,
And take in ever' circus, and holler at the clown,
And goes barefooted.

(Views of the Boy Across the Street.)

Don't I thes wish my dad was rich
Like that sissy boy's across the way?
I'd pitch this ol' hat in the ditch,
And have pie for dinner ever' day.
If I was him.

I'd wear the best of shoes, of course,
So soles and uppers wouldn't part;
And drive a spotted pony horse
To a bran'-new, yaller-painted cart.
If I was him.

I'd throw away this crooked lim',
And buy me a nice, long, j'inted pole,
With a reel and line what's strong, but slim,
Then ever' fish I hooked I'd hol',
If I was him.

I needn't crawl in under the tent
Whenever a circus comes to town,
'Cause all my money wouldn't be spent,
And I'd buy a song book from the clown,
If I was him.

*Glover was a genius. Like Poe, Keats, Chatterton, and others of his kind, he died young (Died December 8, 1902.)

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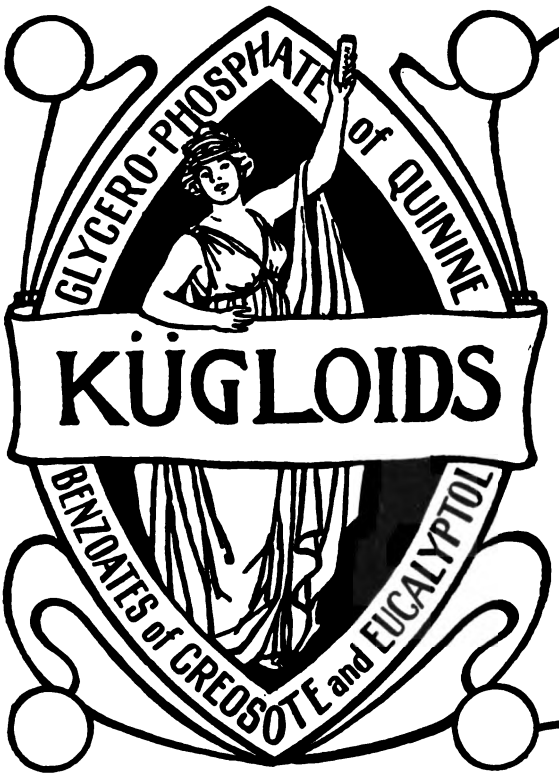

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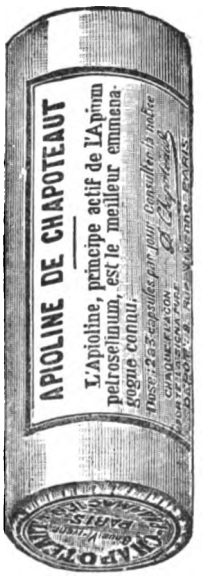

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EDITORIAL DEPARTMENT.

THE MOLOCH OF CIVILIZED MAN.

The fire-god of the Ammonites in Canaan, to whom human sacrifices were fed, was not more voracious than is the demon "Drink" of our boasted civilization. The former was fed by fanaticism, the latter "for revenue only"; the one by the priests of Baal, the latter by an enlightened government for pay. For pay the government licenses certain executioners; licenses them to slowly poison the young and the old; to make widows and orphans; to make murderers, thieves, prostitutes and paupers; to make lunatics, who transmit the poison to the fourth generation, when the race or family becomes extinct. Meantime, the State must care for the victims in costly asylums at an ever-increasing expense; care for the paupers and prosecute the criminals—the cost of all which largely exceeds the revenue. Is this not monstrous? Is it not time that a cry went up all over the land for protection against this death and destruction-dealing Meloch, *drink*? In Austin at a recent election twelve hundred mothers, wives, sisters and daughters pleaded for protection of their loved ones—all in vain. But it will come! As sure as fate—the saloon will go. An advancing civilization and every consideration of public safety, social economies, morals and religion, of race integrity, demand it. Hasten the day, oh, righteous God!

* * * * * * *

Bad enough it would be were the individual only sacrificed. But the drunkard—even the "moderate drinker"—hands down the accursed thirst to his children's children. A child has rights, even prenatal. A child has the right to be well born, and not to "be cast into this breathing world scarce half made up," as the horrible Gloster said. He should not be handicapped with a feeble body and a weak mind, an inheritance from a drinking father.

It has been shown time and again, and a thousand times over, that alcohol is the arch enemy of the human race, and yet—and yet—"local option," they say, "kills business." I deny it. But if there is any community whose "business" will be killed by temperance, any town that can not flourish and prosper without

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after the August JOURNAL was mailed. It consists of five regulars, two eclectics, two homeopaths, one physio-medic and one osteopath.

"No school shall have a majority on the board," but by concert and agreement the four "minor schools" can control its action and elect the officers from their ranks,—as witness the election of its first president and vice-president, while a representative of the dominant school,—of an Association numbering 3300, or three-fourths of all the doctors in Texas, and its last President at that—must play second fiddle—and do all the work.

* * * * * * *

PERSONNEL OF THE BOARD.—*Regulars, State Medical Association*—Dr. G. B. Foscue, late President, Waco; Dr. Jas. D. Osborn, late President, Cleburne; Dr. E. P. Becton, Jr., Greenville; Dr. W. B. Collins, Lovelady; Dr. J. J. Dial, Sulphur Springs.

Homeopaths—Dr. J. D. Mitchell, Fort Worth; Dr. J. T. Crowe, Dallas.

Eclectics—Dr. M. E. Daniel, Honey Grove; Dr. J. P. Rice, Fredericksburg.

Physio-Medical—Dr. R. O. Braswell, Mineral Wells.

Osteopath—Dr. R. W. Collins, El Paso.

* * * * * * *

The Board met in Austin August 15th (ult.), organized, elected officers, asked for an opinion of the Attorney General, and apportion the work as below given:

President of the Board—Dr. M. E. Daniel, Honey Grove.

Vice-President—Dr. J. T. Crowe, Dallas.

Secretary-Treasurer—Dr. G. B. Foscue, Waco.

* * * * * * *

The following committees were appointed:

Rules and Regulations—T. J. Crowe, J. D. Osborn and R. O. Braswell.

Reciprocity—G. B. Foscue, E. P. Becton aand J. P. Rice.

Committee on Institutions to Make a Study of the Various Medical Colleges—W. B. Collins, J. P. Rice, J. D. Mitchell, R. O. Braswell and R. W. Collins.

Committee to Draft Certificates to Be Used—E. P. Becton, J. D. Mitchell and R. O. Braswell.

The different branches for examination were distributed as follows:

J. J. Dial, pathology and histology; T. J. Crowe, chemistry; J. D. Mitchell, obstetrics; G. B. Foscue, physical diagnosis; W. B.

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Collins, anatomy; J. P. Rice, bacteriology; E. P. Becton, surgery; R. O. Braswell, gynecology; R. W. Collins, hygiene; M. E. Daniels, physiology.

* * * * * * *

Judge Pollard, Assistant Attorney General, at request of the board, submitted the following (this is not the "opinion" given of the act in its entirety, which opinion we did not publish because it came too late for July and too early for August; it had appeared elsewhere):

We are in receipt of yours of the 15th, submitting the following questions for our decision, viz.:

"First—Please advise us as to the eligibility on this board of osteopaths. (See Section 1, Board Medical Bill.)

"Second—Would these men who qualified under previous laws by the registration of diplomas and then afterwards obtained licenses from the three State boards, or any of the three State boards, be required to get a verification license under the existing law? Also render a complete construction of Section 6 as a whole.

"Third—Please render an opinion on the construction of the last four lines of Section 10.

"Fourth—Can Section 13 be so construed as to prohibit counter-prescribing by druggists and pharmacists?"

You are advised as to the first question:

Section 1 of the medical act provides that the Board of Medical Examiners shall consist of eleven men learned in medicine, legal and active practitioners in the State of Texas, who shall have resided and practiced medicine in this State under a diploma from a legal and reputable college of medicine of the school to which said practitioner shall belong for more than three years prior to their appointment.

An answer to your inquiry depends upon what is meant by "medicine" and "practice medicine" and "college of medicine" as used in Section 1.

Section 1 contains also the following provision: "The word 'medicine' as used in this section shall have the same meaning and scope as given to it in Section 13 of this act."

Section 13 provides that persons shall be regarded as practicing medicine within the meaning of this act "who shall treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury by any system or method, or to effect a cure thereof, and charge therefor, directly or indirectly, money or other compensation."

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I understand that this definition of "practicing medicine" includes within its terms that class of practitioners known as osteopaths. Being included within the definition of the term they are eligible to be appointed upon the Board of Medical Examiners.

Replying to your second question, you are advised that those practitioners who secured from either of the State medical examining boards, under the Act of 1901, a State license upon a diploma which was registered prior to January 1, 1891, are not required to secure verification license from the new board. Neither are these practitioners who secured license from one of the State medical boards, under the Act of 1901, upon a diploma which was registered after July 9, 1901, required to get a verification license.

Those practitioners who secured license from either of the State medical examining boards, under the Act of 1901, upon a diploma which was registered between January 1, 1891, and July 9, 1901, are required to present to the new board documents or legally certified transcripts of documents sufficient to establish the existence and validity of such diploma and the proper record thereof, and in addition thereto are required to satisfy the board that the diploma was issued from a bona fide medical college of reputable standing, and receive from the board a verification license.

It is only this class of practitioners, viz., those whose license from one of the State medical examining boards under the Act of 1901 was issued upon a diploma recorded between January 1, 1891, and July 9, 1901, that are required to secure a verification license under the new law. Those having a certificate from one of the State boards under the Act of 1901, which is not based upon a diploma registered between the dates January 1, 1891, and July 9, 1901, and those who secured such State license upon examination, or upon reciprocity, are not required to secure verification license, with this exception, that if the reciprocity license was based upon a diploma recorded between the dates, they will be required to present to the new board the documents establishing validity and record of diploma and, in addition, evidence that same was issued by a college of reputable standing, and secure verification license.

Further endeavoring to make my construction of the law clear, beg to advise as follows:

First—Those persons who were practicing medicine prior to 1885, if their right to practice depends entirely upon the fact that they were practicing prior to that date, are required to present to the new board evidence to establish the fact that they

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were practicing prior to this date. This may be done by affidavits, as the board may direct. A verification license must be issued to all this class.

Second—Those whose right to practice depends upon diplomas recorded from January 1, 1885, to January 1, 1891, are required to present to the new board evidence satisfactory to establish the existence and validity of such diplomas and proper record thereof, and receive from the board verification license.

Third—Those whose right to practice depends upon diplomas recorded between January 1, 1891, and July 9, 1901, are required to present to the new board evidence sufficient to establish the existence and validity of such diplomas and the proper record thereof and, in addition, satisfactory evidence that such diplomas were issued from bona fide medical colleges of reputable standing. This must be done regardless of the fact that such practitioners may have secured from one of the State boards, under the Act of 1901, a license, if such license was issued upon such diploma.

Fourth—Those whose right to practice depends upon certificates issued by district boards between January 1, 1885, and July 9, 1901, are required to present to the new board evidence sufficient to establish the existence and validity of such certificates and the proper record thereof, and receive from the new board verification license.

Fifth—Those whose right to practice is based upon an examination before one of the boards, under the Act of 1901, are not required to secure verification license; neither are those whose certificates are based upon reciprocity, unless such reciprocity had for its basis a diploma recorded between January 1, 1891, and July 9, 1901.

Replying to your third question, you are advised that the last four lines of Section 10 make it unlawful for persons to sell on the streets, or other public places, remedies which they recommend for the cure of diseases, unless such persons so selling are either licensed druggists or physicians qualified to practice medicine under the provisions of this act.

Replying to your fourth question, you are advised that a druggist can not treat any disease or disorder by prescription or otherwise, unless he has a license to practice medicine under the provisions of this act.

A NOBLE WORK.—Dr. Margaret R. Holliday, late assistant physician to the State Lunatic Asylum at Austin, and Mrs. Dora Mc-

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Daniel, late matron to the same institution, have established in Austin a school, home, and sanatorium for the care of defective children. There is no institution of the kind provided by the State, and none in Texas. Such an institution is greatly needed, and I am sure will be appreciated. The movement and the management have the support and endorsement of the medical staff of our insane asylums and the profession of Austin. Dr. Holliday, the superintendent, is a highly cultivated lady, who has had wide experience in this field. She took the degrees of B. S. and M. S. at the University of Texas and M. D. at the Medical Department of the University. In her prospectus, a copy of which can be had free on request, she says:

"Children suffering from mental and physical defects, due to prenatal influences or to injury and disease in infancy and early childhood, which has caused arrested development mentally and anatomical defects physically, are the ones to be aided. These children are a great care in the home, where it is impossible to give proper attention to their physical needs or mental training, both from lack of necessary time and skill. Those seeking a retreat for the neurotic child, which should have a special training and care during the growing period to prevent a mental breakdown when the stress of adolescence and adult life place an additional burden on a nervous organization too weak to stand the strain, will here find the place for which they are seeking. The hysterical child, who should be taken away from home influences and sympathy, will receive special attention and medical care in the effort to return it to a normal condition. Children suffering from chorea, partial paralysis and other nervous affections, which render normal training impossible, but who should not be neglected, will receive constant medical attention and given mental training, controlled by the individual needs and ability of the child. The child suffering from physical defects, as hair-lip, disfiguring burns, wasted limbs, and so on, who are morbid as regards their condition and, therefore, shun the gaze and remarks of the thoughtless, will find here a home where their defects are lost sight of and their morbidity dispelled. The child backward at school, as well as the child disagreeable and unmanageable in the home, will be under close scrutiny to detect any abnormalities never suspected as adenoids, defective vision, nasal troubles, which will be corrected and an attempt made to render the child capable of taking his place by the side of normal brothers and sisters. The child with arrested mental development can not

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be transformed into a normal child, but can be taught correct habits, to care for themselves, and thus rendered less a burden than when neglected and ignored, and their unfortunate condition demands that they be given proper attention and training.

"In addition to these features the sanitarium will be prepared to care for and treat purely nervous cases in adults, where absolute quiet, constant treatment and hospital life is demanded."

Editorialets.

GENERAL ANESTHESIA BY THE HYPODERMIC METHOD.—The rapidity with which the Abbott-Lanphear method of anesthesia has advanced in the confidence of the profession is unparalled. The method is simple, easily used, requires less assistants in surgical operations, is acceptable to the patient, is remarkably free from danger, is devoid of after effects to a greater extent than inhalation anesthesia, is recovered from promptly and can be adjusted to nearly all patients. Its most marked influence is in the slowing of the respiration, which is apt to alarm those who have not proven that no harm results, the respiration being that of deep sleep. The use of hyoscine instead of scopolamine is a great improvement on the original method, and the introduction of this substance by Dr. Abbott and of cactus in the form of cactin in the compound hyoscine, morphine and cactin comp. (H. M. C. Abbott), has added a safeguard which is invaluable, and which in time will be fully appreciated. Abbott has the confidence of the profession because he makes good. On his presentation it was promptly tried, and another success is scored.

FOR SALE.—One 10-plate Van Houten and Ten Broeck static machine with complete X-ray outfit. Good as new.—H. B. HENDRIX, Cement, Okla.

THE J. A. M. A. propaganda in favor of U. S. P. and N. F. pharmacal products as against the better class of proprietary pharmaceuticals, as well as the horde of what are usually grouped together as "nostrums," meaning preparations whose formulas are not published, although the products themselves are advertised only to the profession, in its last analysis throws the burden of production upon the large pharmaceutical houses, because the

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average competent pharmacist, while an able prescriptionist and, in the majority of cases, an honest man, by preference has too incomplete an equipment to enable him to make all of these products with the acquired accuracy, uniformity, elegance, standardization and yet without waste as by loss of alcohol, for example.

He may be willing and, indeed, able to assay his opium or his aconite as crude drugs and his fluid extracts of them as finished products, but has he, as a rule, the necessary apparatus with which to conduct this important work?

The U. S. P. demands the assay of everything assayable. Even if the retailer buys assayed opium and aconite and carefully makes up his fluid extracts of them, he must be able to standardize his finished products, else they will be U. S. P. only in name.

The propaganda in favor of what might be called "home-made pharmacy" would, therefore, defeat itself if all prescriptions for U. S. P. and N. F. products were to be filled only with the output of the retail pharmacist.

For many and obvious reasons a well-equipped laboratory on a large scale, manned by experts, backed by capital and experience and with a reputation for fair square dealing back of it all can with more exactness, greater despatch and that highly essential uniformity turn out a superior line of official products than could possibly be produced in a small way by even the most conscientious retailer.

It, therefore, logically follows that this is the real kernel of this much talked of nut, and this is why one of our old and conservative advertisers has taken this as the topic of his advertising chat this month.

PARMELE, a name already a household word with the medical profession of America, has still more and greatly endeared himself to the doctors by his self-sacrificing and successful labors in fighting that great evil, substituting "something just as good" in physicians' prescriptions. He is the author of the Page bill, now a law in New York, making substitution a felony, and he fought it through the Legislature almost single-handed, opposed by powerful influences—the combined money, strength and all sorts of underhanded tactics of well known substituters and grafters. Now let us take this New York law for the pattern, and get such an one through the Texas Legislature,—follow the brave and successful lead of "Parmele the Peerless," who has ever championed the rights of the medical men.

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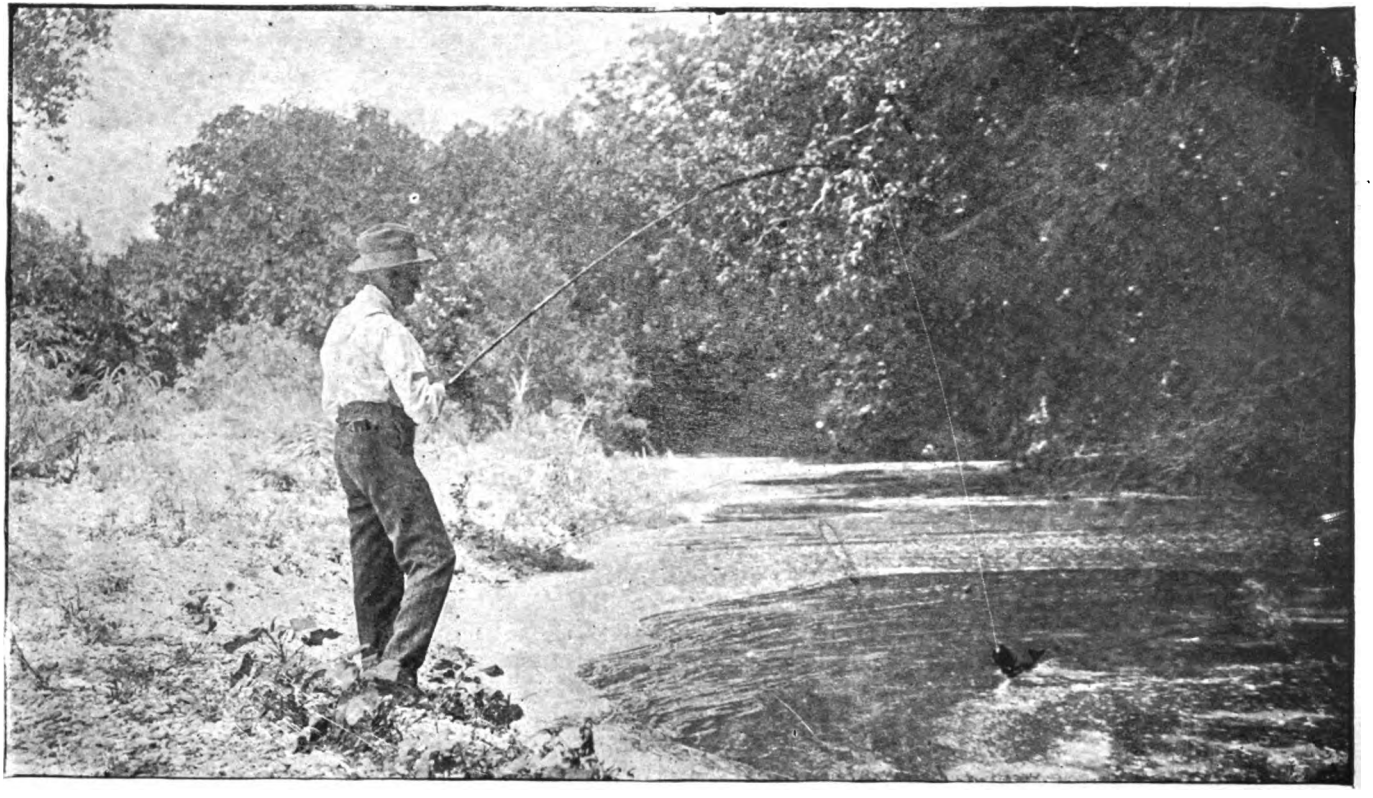

YE EDITOR'S VACATION.

(With apologies to Gilbert and Sullivan.)

In the shadow of the beeches on the bank,
By a cool and curling creeklet thro' the sand—
Budweiser's in the bucket, the ice is in the glass,
The coffee's on the embers, and the bacon's in the pan,
And Sam, the cook, is waiting, with his scaling knife in hand,
To serve us up a supper of this BIG, BLACK BASS!

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TRACHOMA THREATENING TEXAS.—On account of the prevalence of trachoma among the numerous immigrants trying to get into Texas via Mexico, Dr. G. W. Storer, of the P. H. and M. H. Service, has been sent to Texas to assist and instruct local physicians who have to deal with them.

THE NEW STATE PHARMACY BOARD consists of Drs. W. H. Roberts, Jr., Denison; T. J. Snell, Cooper; W. P. Robertson, Gonzales; Jno. Weeks, Ballinger, and Bruce Verdenburg of Beaumant. The Board met at Austin August 27th, and elected Dr. Roberts President; Dr. Robertson, Treasurer, and Dr. R. H. Walker, of Gonzales, Secretary. Dr. Walker is the long-time secretary of the State Pharmacy Association, and is eligible though not a member of the Board. The first meeting to examine applicants for license will be held at Dallas, September 17th inst.

A STRAW.—Dr. E. S. McKee, in the *Therapeutic Record*, Louisville, Ky., says:

"The American Medical Editors held a very interesting convention for two days preceding the American Medical Association. They devoted probably too much time to denouncing the *Journal of the American Medical Association* and the State journals. * * * There was a regrettable tendency in the association to break away from the Americal Medical Association."

Another case of "*parturient montes.*" Not even a *ridiculus mus* of a resolution of protest against the tyranny and insolence of the Octopus was "brought forth." Will the "independent press" stand further kicks?

GRANULATED DRY BEEF ("Meatox") is the latest advance in concentrated foods. Prof. Ch. Marchand, Drevet Chemical Co., New York, has perfected his experiments begun in 1883, and now presents to the medical profession a granulated dry beef, free from preservatives, a food in its most concentrated form which will not deteriorate with age. I have tried it. It "tastes good," and will make an excellent luncheon, but it is admirably adapted to sick and convalescent. I give herewith an analysis by Prof. Tresh of the Public Health Laboratories of London. Prof. Marchand, who is chemist and graduate of the Central School of Arts and Manufactures of Paris, and whose New York address is 57 Prince Street, will send free on request full information about this valuable food.

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THE EDITOR (he objects to being called "This here Jones") of the California Tentacle of the Octopus, has had something like the experience of the parrot—Polly was monkeying with a sleeping mastiff and came to grief. Slowly crawling up a tree, she dismally eyed her delapidated condition, and said: "I know what's the matter with me. I talk too damned much." Jonesey—"this here Jones"—after vilifying and denouncing as "unclean" and "infectious" all of the "individually-owned-and-conducted-for-profit-journals," as he calls the entire independent medical press, had, the, er—er—shall I say "gall," or assurance—or effrontery to apply for membership in the Association of American Medical Editors. He was given a lemon—on ice. I guess he realizes,—or will realize by the time he gets through with that suit for libel,—that, like the parrot, he talks too damned much.

DR. MOODY'S SANATORIUM, SAN ANTONIO.—Dr. Jno. A. McIntosh, for some years Assistant Superintendent of the Southwestern Texas Insane Asylum at San Antonio, has resigned that position to accept an appointment on the staff of the Moody Sanatorium. There are now three resident physicians at this well known institution who devote their whole time to it, and to the specialty of mental and nervous diseases. The pathological department is now admirably equipped and officered, and a thorough clinical study is made of each patient. The average daily population of patients runs from forty to sixty.

Dr. McIntosh graduated from the Medical Department of the University of Texas in 1903, and was immediately appointed pathologist of the John Sealy Hospital, Galveston. This position he held until November, 1903, when he was appointed by Governor Sayers Assistant Superintendent of the Southwestern Insane Asylum. In both these positions he gave most excellent and satisfactory service.

Abstracts and Selections.

Tuberculosis.*

BY PROFESSOR MORITZ BENEDIKT, M. D., VIENNA, AUSTRIA.
Honorary Member of the Medico-Legal Society of New York.

Every congress in medical science involves, as Virchow said, a new phase of error or errors. In the epoch in which the patho-

*Read before the American International Congress on Tuberculosis, New York, November 16, 1906.

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logical anatomy was sovereign in medicine, one had forgotten the contagiousness of phthisis, though old Galen had taught it and knew well its conditions. When about twenty years ago Koch discovered the bacillus of tuberculosis, opinions changed rapidly and one supposed an exceeding degree of contagiousness, which became more fatal to the social position of the sick than to their health and to the health of persons surounding them. The demonstration of some such microbes in a sputum had the effect that the patient was avoided as one suffering from the plague.

It was forgotten at once the importance of predisposition and that millions and milliards of Koch's creatures can enter a body without doing any harm. The importance of heredity was entirely lost sight of, and one intended to cover all the countries of the earth with colonnades of spittoons, though we know now that the slightest and shortest sunshine and even diffused light destroy the microbes; and even fresh air during the night seems to have the same effect for a reason you will learn later.

It must be here asked if a sputum from which the bacillus Koch has been removed loses its toxic effect. In other words, we must ask if the sputum ceases to be a "virus" when free from the microbe. We have today no answer to this question, the less so as it is very probable that the sputum of the tuberculous is contagious only when they are already phthisic and probably by symbiosis with another microbe.

Hitherto, one has neglected the danger of infection arising from sweat, which is far greater than that of the sputum, as was already taught by Galen.

It is a general lack in pathology that we do not sufficiently study the part played by perspiration. This was done with exceeding zeal in former times.

It is probable that the old opinion that through perspiration a deal of *materia peccans* is evacuated from the body is correct. Also with the sweat of tuberculous is eliminated a good deal of special microbes, probably together with dangerous toxins.

As fever is the natural reaction against morbid irritations of the organs and an endeavor to save the infected, so sweat is a saving action against accumulation of noxious materia in the body. The feverish reaction may burn the body and exceeding sweat may melt the patient to total consumption.

We must regulate the one as well as the other process to prevent the saving action from killing.

This leads us to the question of hygeia of the tuberculous and

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phthisic individuals. The bathers all over the world may be divided into those who use or abuse hot and warm baths and those who use or abuse hydropathic proceedings. The hot and warm baths increase useful perspiration, but may eliminate the power of resistance against the evils of changing temperature and they may effeminate. We are sure today that refrigeration is far less dangerous for health than was believed in former time. The hydropathic proceeding strengthens the power of resistance against cold and increases the energy of the nervous system. An abuse of them may suppress the perspiration and certainly is not an indifferent factor for the nervousness of our epoch. The Nineteenth Century has offered us the benefit of hydrotherapy; the Twentieth must deliver us from the megalomania and from the pangragmasia of hydropaths.

The importance of applications of hot, tepid or cold for tuberculous patients is clear; the special indications the physician must find and adopt at every moment. Our care is today principally directed to tuberculosis of the lungs and of the respiratory tractus. The manner of treatment and of protection for tuberculosis of the glands, of the bones and of the peritoneum are very different from that of the respiratory organs. Also the tuberculous affections, the acute and the chronic of the brain demand other measures. We know that these cases have a great tendency to spontaneous sanation and their infectious power is dubious.

We will pass over all the forms except respiratory tuberculosis. Here we must principally from the point of view of protection and cure insist on the separation of tuberculosis from phthisis.

We will speak of tuberculosis of the lungs so long as we observe only apicitis and catarrhs and little disposition for hemoptysis. These cases may be designated as "slight" ones; we speak then of simple tuberculosis; when the sputum becomes purulent, when caverns appear and the danger of hemoptysis is great, when the patients become feverish and suffer from consummate sweat we may speak or "heavy" cases or of phthisis.

It is very probable that phthisis arises from smybiosis of the bacillus Koch with other microbes. I was the first, I believe, to insist on the dangerous symbiosis with the microbe of influenza. The purulent epoch of the illness depends on combination with a form of streptococcus or with a special microbe announced by Schroen.

For light cases we need no sanatoria. A well organized patronage can procure homes of recovery in places with suitable air

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and sunshine and protected from winds with the help of good food, naturally under medical surveyance of treatment, and of hygiene measures. Special care must be taken for the cleaning by hot air of the body linen and especially of the bed linen. In this way you have the possibility to avoid the crowding of patients and you can prevent a great increase of infection; f. e. by influenza. Such patients can be treated singly or in small numbers in family homes, f. e. in farmhouses. Bedrooms for every patient should be obligatory also in cases of simple tuberculosis. If you have made a mistake in the choice of places, you can correct it without great difficulty, and you can satisfy the need of change in the different seasons and at little expense you can protect a great number of those who require your protection. You must never forget that war against misery is the best means against the beginning and the development of tuberculosis, and of its progress to phthisis. The higher the standard of life of the poor, the better the sanitary statistics.

In quite a different manner must the phthisical be treated. A sanatorium for phthisical should be fitted up in more delicate manner than even a hospital for surgical patients. By antiseptic bandaging we can prevent contagion of the other patients. But we can not bandage the whole body and the lungs of the phthisical to prevent the infection by sweat or breath.

Therefore, the first condition for treating such patients is isolation, and not only through the night, but also through the day. It will not be advisable to crowd them in little pavilions.

It will be useful to construct these pavilions in such a way that sunshine can penetrate into both rooms, the bedroom and the room for sojourn through the day.

I take this opportunity to remark that we should not insist in all circumstances on open air treatment. In bad weather by means of French windows the apartment can not be exposed enough to open air, and it seems to be a perversity to apply the open air treatment absolutely and under all circumstances.

I now wish to call your attention to the so-called "model sanatoria." I know one situated in a beautiful valley amidst fine forests. If you saw this position on a fine spring or summer day you would be delighted with it. But during the winter and autumn months the country is enveloped in mist. At a distance of a few miles you find a site where there are few days in the year without sunshine in a higher mountain situation.

I have studied this spot from the topographical point of view

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in reference to tuberculosis. When already at a very short distance the fitness for the establishing of sanatoria is so different, you will conceive how easily mistakes arise. Such sanatoria founded by philanthropists are often obliged to falsify the statistics to maintain the favor of their patrons. They do so admitting principally light cases and dismissing the patients whose state had become worse and dangerous.

This leads us to the question of responsibility for prevention and cure of the scourge. The patronage of philanthropists can do much. But generally this aid is insufficient, and affords no guarantee that the aid will always be reliable, independent of the caprices and whims of philanthropists.

As a rule it must be recognized that the responsibility is shared by the whole community, i. e., by those representative authorities. These authorities may be different in different counties according to the political organization.

I come to the end of my statements. You know the different efforts made to create specific methods against tuberculosis. I believe that we have known the specific for more than two thousand years. It is the light of the sun penetrating fresh air. Since the time we left the theory of *emanati nofo* Newton and of the old philosophers, we have considered light as exclusively produced by the movement of ether and its effect on matter as dynamic or to use a neologism as catalytic.

This catalytic effect is either destructive decompositive in the way platina acts on certain chemical substances, or light works in an opposite manner synthetically, as we see f. e. in plants.

But today for us ether is no longer a product of our scientific imagination, but without doubt a matter of the nature of radium and its chemical cognates. We must suppose the light enters the different bodies and creatures introducing molecules of matter, which combine with the different matters. So in plants, f. e. arise colors, etc. We know as well, as I have already said, that air, penetrated by sunshine, is the specific against tuberculosis. The problem now is to separate the active parts of this air and give them the different forms, to make them active for the different internal.

I believe that this separation of the component part of the air will not be the only method to find the specifics. We shall probably find f. e. in plants such condition of the atmospheric specifics as will be directly fit to destroy the toxic matter in the different organs. It is possible that also the study and preparation of any

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serum will succeed. But I am of opinion that this way should not be adopted exclusively.

In conclusion allow me to draw a fancy picture. I know that in general men of science do not like fancies. But a prominent man like you knows very well the high importance of imagination for scientific creations, though Theseus in "Midsummer Nights Dream" forgot the part of imagination in science. But another authority as great as Shakespeare and a more competent one in scientific questions, Goethe, did not omit this important part and when Kant created a theory of descent and called it an "adventure of intellect" Goethe declared himself prepared for this "fancy" and this work of imagination became so serious for science.

Ever since we have known the part played by microbes in the etiology of tuberculosis, I have had the mental reservation that, perhaps, these microbes may be originally not a parasite, but a product of the illness, with the reserve, that these infectious creatures when they emigrate may become parasites in other individuals.

This idea occurred to me on consideration of the hereditary and almost sudden cases and of the presence of tuberculous microbes in lupus-knots. But I did not dare to give utterance to this fancy.

Today, however, we know through the researches of Traube, of Charles Vogt, Harting, von Schroen, Quincke, Leduc and the Mexican Herrera, that by the processes of precipitation and crystallization there arises organ and forms of cells without the intervention of any vital power. Today we can imagine that in the solution within the body there arise organic forms with vital qualities when vital matter and vital energies combine with the formative power of inorganic processes.—*Medico-Legal Journal,* June, 1907.

Translated for the Texas Medical Journal.

The Transmission of Tuberculosis by Insufficiently Cooked Bread.

The possibility of the transmission of tuberculosis by means of insufficiently cooked bread has been discussed by Dr. A. Lesalle and Dr. Barney, and they have arrived at the positive conclusion that dough kneaded by careless workmen suffering from tuberculosis can be the vehicle for conveying the bacillus of Koch and that insufficient cooking does not destroy the vitality of these germs.

Dr. C. Chicote, of Madrid, has also experimented along these lines and has reached the same conclusions and has proven by

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careful experiments that the disease can be spread in this manner. In five experiments made by him the sputum of a tuberculous patient was mixed with dough and cooked (insufficiently) in the same manner that the bread was cooked, same oven and temperature and upon examination afterwards, two out of five samples of dough thus treated were found to have the bacillus of Koch still alive. It appears that in Madrid bread is made with a larger portion of water than is really necessary, and this dough being purposely undercooked so as to retain a part of the moisture (in order to keep up the weight) bread so prepared by tuberculous workmen is highly dangerous.

To avoid this danger Dr. Chicote recommends that, first, baking bread by hand be absolutely prohibited; second, that a permanent medical inspection of all bakers be maintained and whenever any of them are found to be tubercular they be prevented from working in the bakeries.—*Translated from the Bulletin of the Superior Board of Health of San Salvador, Dr. Rafael V. Castro, Director.*

Public Health Laboratories

(Chemical and Bacteriological.)

London Hospital Medical College, London, E., and Chelmsford.

February 1, 1907.

Results obtained upon analysis of a sample of Meatox, prepared by Charles Marchand, of New York, and submitted by Messrs. Lamont Corliss & Co., January 10, 1907, contained in hermetically sealed bottles.

The material submitted was in a granular condition, of yellowish color, faint meaty odor and of agreeable flavor.

After digesting in water the material became soft, and when placed under the microscope it appeared to consist of muscular fibre more or less altered by the action of heat. Tests were made for detecting the presence of preservatives, but no indications were obtained of their presence. Even the amount of salt present was under one per cent.

The chemical analysis gave the following results:

Moisture	5 per cent.
Fat	12.1 per cent.
Assimilable proteid	73.8 per cent.
Extractive matter (less gelatine)	7.7 per cent.
Ash	2.05 per cent.

The fat was examined and corresponded in character with the fat from oxen.

The preparation no doubt contains all the constituents of beef in a very dry and, therefore, stable and concentrated condition. It is about five times the strength of fresh beef.

John C. Tresh.

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P. S. Remarks.—The extractives in our case include creatin, etc., which is nitrogenous, though not proteid. This extractive gave us the reactions of beef extract. The preparation should be a very useful one and supersede to some extent meat extracts, since the latter are merely stimulants whilst the former is both stimulant and nutritive.

Some one is sure to raise the question about the lowness of the "ash," and I should like to know Prof. Marchand's explanation.

Yours truly,

J. C. T.

N. B.—The cause of the small percentage of ash is that I purposely eliminate as much of the mineral substances as possible from the raw meat, so as to increase the percentage of proteid.

CHARLES MARCHAND.

THE THIRTY-THIRD ANNUAL MEETING of the Mississippi Valley Medical Association will be held at Columbus, Ohio, October 8, 9 and 10, 1907, under the presidency of Dr. H. Horace Grant, of Louisville, Ky. The orator in Medicine will be Dr. Geo. F. Butler, of Chicago, Ill., and the orator in Surgery will be Dr. Frank D. Smythe, of Memphis, Tenn.

The Association is doing commendable work in furthering the cause of medical research, by offering a prize of $100 for the best original essay upon some medical or surgical topic. The committee of the Association to decide upon this contest is composed of Drs. Hugh T. Patrick, of Chicago; C. H. Hughes, of St. Louis, and A. H. Cordier, of Kansas City.

Preparations are being made on an extensive scale for the entertainment of members and guests by the profession of Columbus, with the following Committee of Arrangements: Chairman, F. F. Lawrence; Secretary, Chas. J. Shepard; Treasurer, William E. Davis; Committee Ways and Means, J. W. Clemmer; Entertainment, J. U. Barnhill; Transportation, W. J. Means; Exhibits, W. J. Means; Reception, J. H. J. Upham; Press and Information, Frank Winders; Halls and Meetings, Earl Gilliam; Badges, J. E. Brown; Registration, Wells Teachnor; Ladies, Mrs. W. D. Hamilton.

Books and Magazines.

THE PRINCIPLES AND PRACTICE OF DERMATOLOGY. For students and practitioners. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; Dermatologist to St. Luke's and Cook County Hospitals, Chicago, etc. One colored plate and three hundred and sixty-seven text illustrations. Cloth, $6. D. Appleton & Co., New York and London. 1907.

Dr. Pusey recognizes the fact that it is highly desirable in any study to be fully acquainted with the fundamental knowledge of

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the subject in order to obtain a satisfactory grasp of the special diseases, and has, therefore, given considerable space to "The Principles of Dermatology," as much as the importance of the subject demands, "Anatomy and Physiology of the Skin," "General Etiology," "Pathology," "Symptomatology" and "Treatment of Diseases of the Skin." "General Treatment" especially has been considered in full, because of its practical importance. The text of this work is particularly clear and lucid, and fully illustrated with 364 excellent illustrations. It would be impossible to mention all the good points in this book. It is enough to say that it is most exhaustive yet practical,—that in treatment is it particularly full,—and that the illustrations are, we believe, the best that have ever appeared in a book upon this subject.

MANUAL OF DISEASES OF THE EYE, by Charles H. May, Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York.—1890-1903; Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York; Consulting Ophthalmologist to the French Hospital, to the Gouverneur Hospital, and to the Red Cross Hospital, New York; Adjunct Ophthalmic Surgeon to Mt. Sinai Hospital, New York, etc. Fifth edition, revised, with 362 original illustrations, with 22 plates, with 63 colored figures. Messrs. Wm. Wood & Co. 1907. The price of the book continues the same, $2 net.

In the following pages the author has endeavored to present a concise, practical, and systematic manual of the Diseases of the Eye, intended for the student and the general practitioner of medicine. The great difficulty in preparing a book of this sort is to say enough, but not too much. With this idea in view, the author has made the volume sufficiently comprehensive, up to date, and yet of limited size.

This restriction in size has been accomplished by omitting excessive detail, extensive discussion, and lengthy accounts of theories and rare conditions. The author has endeavored to give the fundamental facts of ophthalmology and to cover all that is essential in this branch of medicine, always keeping in mind that the book has been written for students and general practitioners. Space, therefore, has been allotted as the necessities of such readers require, estimated by an extended experience in teaching. Thus rare conditions have merely been mentioned; uncommon affections, of interest chiefly to the specialist, have been dismissed with a few lines; and common diseases, which the general practitioner is

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most frequently called upon to treat, have been described with comparative fulness.

The book is not recommended as a substitute for the larger works, but as a means of supplying a foundation to which further knowledge may be added by reference to more extensive and comprehensive text-books.

The illustrations, excepting those showing instruments, are original, and have been inserted wherever it seemed that they would be of value in elucidating the text. Those in colors represent the most common changes in the fundus, a knowledge of which is desirable in the treatment of general and nervous diseases as well as in ocular diagnosis, and thus practically supply an ophthalmoscopic atlas.

The demand for this work has been such as to necessitate since 1900 five American and several German, Dutch, French and Spanish editions, a fact that testifies to the great value and completeness of the publication.

THE PRACTICAL MEDICINE SERIES, comprising ten volumes on the year's progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Postgraduate Medical School.

I have received Volumes I, II and III of the Series of 1907. Volume I, General Medicine, by Billings and Salisbury; volume II, General Surgery, by J. B. Murphy; volume III, Eye, Ear, Nose and Throat, by Wood, Andrews and Head. Price of the ten volumes, $10. Those interested in special subjects can buy any volume separately they want; price, $1.25. Year-Book Publishing Co., Chicago. This well-known series contains a resume of all that is latest in the several departments of medicine culled from the best medical publications. They are "up to date," and in advance of more pretentious and larger works.

Publisher's Department.

THE NURSING MOTHER.—The extra burden which a nursing mother has to bear often places a greater tax on her strength and vitality than she can successfully meet. Rational treatment aims at an increase of her vital physiological functions, and a corresponding increase in her physical strength.

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PAIN.—This is the condition we are most often called upon in a hurry to relieve. Our therapeutic measures employed will be gauged by the cause, location, severity, etc. A hot water bag should always be accessible. Hypodermics of morphine should be used as sparingly as possible. Papine is an excellent pain reliever that is devoid of the danger and unpleasantness of ordinary opiates. It relieves pain promptly, but does not produce narcosis, constipation, etc.—*W. T. Marrs, M. D., in the Medical Herald.*

The medical profession is already looking forward to what promises to be a severe fall and winter, which is quite natural after the extraordinary spring and summer seasons of the present year. It looks like a decided season of grip and of course Ammonol is the therapeutic agent that doctors look to in this connection, and of course they prescribe it in typhoid fever, dysmenorrhea, headache, sea sickness, etc., also.

The Pathology and Treatment of Hay Fever.

One of the most striking pathological features of this malady is a turgescence of the turbinal tissues due to extensive dilatation of the capillaries. That this is the result of an angioneurosis, involving a more or less pronounced local vasomotor paralysis, is pretty generally conceded.

In the treatment of hay fever with Adrenalin Chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of strong solutions. The application of the solution of Adrenalin Chloride

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CHINOSOL, the very remarkable antiseptic, germicide, disinfectant and deodorizer, is now introduced to the medical profession of America, after having established its value in the minds of many of the leading men of Germany.

It is endorsed by Imperial Board of Health of Germany, Royal Scientific Commission for Theraqeutics of Prussia, Hygienic Institute of the University of Munich, etc., etc. It surely is a remarkable advance in chemistry.

Chinosol can in reasonable doses be administered internally without harm, and when administered externally it is positively without danger. In destroying the bacteria of pus Chinosol has been shown to be five times as efficient as corrosive sublimate, 100 times as effective as lysol and 100 times as active as carbolic acid. In the germs of typhoid and diphtheria Chinosol produced results not obtainable with carbolic acid or lysol or corrosive sublimate.

It surely is of interest to every medical practitioner to have at hand a substance which will kill the germ without killing the patient, or without even the danger of poisoning. Its action as a deodorizer is immediate and leaves absolutely no odor in place of the one it has destroyed.

The Treatment of Inoperable Malignant Tumors. —Carcinoma.

I have two reasons for presenting a discussion of the treatment of cancer at this time: First, the importance of the subject, and, second, the hope that I have discovered a method which may result in saving many lives. It has been affirmed by Wutzdorff that there has been an increase in the number of cases of cancer in the last few years, and some, with Sir W. M. Banks, believe the increase is due to excessive meat eating. At any rate, it has been shown that many cases occur in robust and well-fed individuals, and especially in the comparatively young of both sexes. It often happens that the presence of such a growth is not suspected until it is too late for operative interference, because of the fact that the appearance of the patient does not indicate the progress of the disease (Nothnagel). Many cases also occur which can not be operated on because of the location, as when situated near vital organs or around important blood vessels. Then, again, there are patients who will not submit to an operation.

To the medical man has usually fallen the duty of caring for these classes of the unfortunate cancer patients and from time immemorial the professional mind has been taxed to discover some means of relief, some agent or remedy which might destroy the abnormal growth.

Lauder Brunton was the first to investigate the chemical composition of cell-nuclei from which has been secured a compound called nuclein. This substance is an albuminoid and contains phosphorus. Nuclein is the most distinctive element of leucocytes,

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stimulates the vosamotor supply, resulting in a contraction of the capillaries. Overstimulation, by reaction, is very sure to result in a complete paralysis of the vasomotor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not as likely to be followed by a reaction.

Solution Adrenalin Chloride (1-1000) may be diluted with normal salt solution and sprayed into the nares and pharynx.

Adrenalin Inhalant may be preferred to the aqueous solution, for obvious reasons. This product contains one part of Adrenalin Chloride in one thousand parts of an aromatized neutral oil base, with 3 per cent Chloretone. It is vaporized by means of a nebulizer.

Adrenalin Ointment may be applied to the turgescent nasal mucosa by means of a cotton applicator. Henry Guy Carleton (*Therapeutic Gazette*, June, 1907), says that "Relief can be accomplished more quickly by smearing one or two minims of ointment containing 1-1000 of Adrenalin between the brows and half way down the side of the nose than by the inunction and spraying of the nasal mucosa." The modus operandi is explained as follows:

"The effect is to allay the irritation of the supraorbital, supratrochlear and infratrochlear and frontal nerves, and the superior and inferior nasal, the nasal rami of the superior maxillary, and the nasopalatine nerves, all of which are involved in a severe attack. Those rami in the posterior nares which may be affected will be relieved simultaneously, exactly as all branches of the supraorbital affected in a supraorbital neuralgia are relieved when an application of Adrenalin Ointment is applied only to the supraorbital foramen."

Messrs. Parke, Davis & Co. issue a brochure on the treatment of hay fever, which will be sent gratis to any medical man upon request. We suggest to our readers that they send for the brochure, as hay fever is an exceedingly interesting and timely subject.

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Aquæ ..... aa ℥ iv.
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"Tobacco Heart.—This trouble comes under the head of cardiac neuroses. The innervation of the heart is disturbed, its action is weakened, irregular and intermittent; palpitation, precordial pains, faintness and vertigo are the consequences. The use of tobacco should be inhibited and a Cactina Pillets given every two or three hours, as the occasion demands. The patient will not only be benefited, but permanently cured, if the treatment is continued for some time."—*Charlotte Medical Journal.*

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cervix. The patient put herself under my immediate care, so that I could watch the case daily. The local treatment adopted was spraying the cervix with full-strength Hydrozone, and the daily use of astringent and sterile douches. Internally, nuclein was used in twenty-four grain doses daily. A nervine and nux vomica were added to control the patient's nervous or unstrung condition. After a month of this treatment, the symptoms did not seem to be so severe. From this time the patient began to improve. In three months from beginning the treatment the hardness of the tissues had disappeared, the cauliflower appearance was removed and the pain and other symptoms had entirely subsided.

CASE V.—Mr. M. L. E., aged 55, a teamster. He had been strong and well and usually free from any ailment except a diarrhea until about a year before I saw him. The first intimation he had of serious trouble was in March, 1904. At that time he had pain and diarrhea. A physician was called and discovered a tumor in the region of the sigmoid flexure. After recovery from the temporary illness, he sought advice concerning the tumor; and, although he visited several surgeons of note, no one seemed willing to remove the growth, and their opinions gave him no hope of final recovery and little expectation of temporary relief. Most of them refused to operate, saying that the tumor was probably cancer and he would be better off without an operation.

He came to me in January, 1905, and I found the following conditions and symptoms: He was cachectic, was losing flesh and had a tumor in the region of the sigmoid about the size of a child's head, which was tender on pressure. He had sharp-cutting pains in the tumor, suffered from flatulence, and had diarrhea with scybalous feces. He came to me because of my success with case II, of which he had heard. I advised an operation. He was willing to submit to one, but said that no one whom he had visited would agree to it except Dr. J. B. Murphy, who was willing to operate upon request, but could not advise it with any hope of success. He returned to Dr. Murphy and was operated upon about January 25th at Mercy Hospital. Upon opening the abdomen a tumor four or five inches in diameter was found at the sigmoid flexure. The infiltration into the adjacent structures and the adhesions were so extensive that removal was out of the question. The diagnosis was carcinoma of the sigmoid. The wound was closed and the patient returned to bed. About the 20th of February he came to me again, and on February 22, 1905, I began medical treatment. I advised him to return to bed, which he did, and remained in bed for eight weeks after the treatment was commenced. The treatment was bromide of gold and arsenic, 45 drops, and nuclein, 36 grains, daily. By the 1st of May, his pain had ceased, the tenderness had diminished and the tumor had ceased to grow. By the 1st of July, it was plain that the tumor was slightly smaller. He was permitted to return home on September 1st. About the middle of October he came again to my office. The tumor had entirely disappeared and all symptoms had subsided, including the diarrhea. Dr. Murphy saw the patient

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being the constituent by virtue of which the cell grows (E. R. Larned). Vaughn and McClintock have demonstrated that the nuclein is the germicidal agent in blood plasma and is furnished by the polynuclear leucocytes.

The bromide of gold and arsenic is another remedy which, in my hands, has seemed to prove useful in the treatment of inoperable carcinoma; but I have always used it in connection with other agents. I have had more confidence in the nuclein than in the bromide, chiefly, perhaps, because I have had two cures in which I did not use the bromide, while I have had none where nuclein was not used. I have come to consider the administration of nuclein and the bromide of gold and arsenic together as a most rational and valuable treatment in cases of inoperable carcinoma. It is the combination upon which I depend rather than on either agent singly.

I have used this method of treatment in many cases with apparent benefit, but I am able to report only five cases in which the treatment was carried out as prescribed from the time the patient came under my observation until the termination of the case. One of the cases died. The other four recovered.*

*Only cases I, IV and V are cited here.

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CASE I.—Mrs. S., aged 50. She had suffered no serious illness prior to the beginning of her present ailment, about one year before my first visit. Her first symptoms were indigestion, flatulence, heartburn, eructation of gas and similar disturbances of the stomach. The symptoms had gradually grown worse until pain and vomiting had supervened some weeks before. She had lost flesh and grown weak. At the time of my first visit, the patient was lying on a couch, in pain, pale and cachetic. She had been vomiting and apparently had suffered much. The ejecta having been destroyed, no opportunity offered to analyze the vomited material at that time. The temperature was normal. Temporizing treatment was adopted and the patient was not seen again for a week. Then I was summoned hastily to see her and found her vomiting and in great pain. She had not been free from these symptoms since my former visit. This time, following my directions, the vomited material had been reserved for examination. The patient had not improved. The ejecta were typical and abundant and contained dark grumous material, mucus and remnants of food. The occurrences of vomiting were periodical. A distinct tumor could be outlined at or near the pylorus. The bowel evacuation also contained a dark material. Chemical examination showed increase of lactic and absence of hydrochloric acid. The microscope showed cellnests and bacteria. Diagnosis, carcinoma of the stomach.

Treatment.—The local treatment consisted of the use, by the mouth, of a 2 per cent solution of Hydrozone. The patient was told to drink half a pint of this solution half an hour before mealtime, lie on the back for five minutes, then turn on the right side and remain in that position for twenty-five minutes. This remedy was given for its antiseptic effect. The internal treatment was nuclein. The particular preparation was Reed & Carnrick's protonuclein. The dose was twenty-four grains a day. This time the patient was kept under observation for a month, until the symptoms were not quite so severe. The treatment was continued, however, and after several weeks I called to see the patient in another exacerbation of her symptoms; but this time they were not so severe. After a few days I dismissed her again, with advice to continue the nuclein, but to omit the Hydrozone. Some five months later I called to see the patient, and found her at work about the house. The symptoms and tumor had disappeared and the cachectic look had given place to a more healthful appearance. I did not see her again, but three years later I was informed that she was well and had had no return of the old symptoms.

CASE V.—Mrs. M. H., aged 38, mother of one child, 6 years old. She came to me in January, 1901. She was very nervous, somewhat cachectic, and suffered slight pain in the pelvis. She had slight, if any discharge, but was losing flesh. Digital examination revealed a hard enlargement on the anterior lip of the cervix. The growth presented considerable resistance to the finger, but the uterus was freely movable. The use of the speculum showed a small cauliflower area at the edge of the hardness and a slight discharge. The diagnosis made was probable carcinoma of the

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In order to prove the efficiency of HYDROZONE, I will send a **25c. bottle free** to any Physician upon receipt of 10c. to pay forwarding charges.

NOTE.—A copy of the 18th edition of my book of 340 pages, on the "Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs," containing reprints of 210 unsolicited clinical reports, by leading contributors to Medical Literature, will be sent free to Physicians mentioning this journal.

Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

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In the Rheumatic Diathesis use Abbott's Salithia—"Saline Laxative" plus Tartrate of Lithium and Colchicine in effervescent combination. It is both pleasant and efficient. Calcalith (Calcium and Lithium Carb. Comp. with Colchicine) is a good addition. Per can, same size as medium Saline, 35c. Calcalith, per package of 200, 80c.

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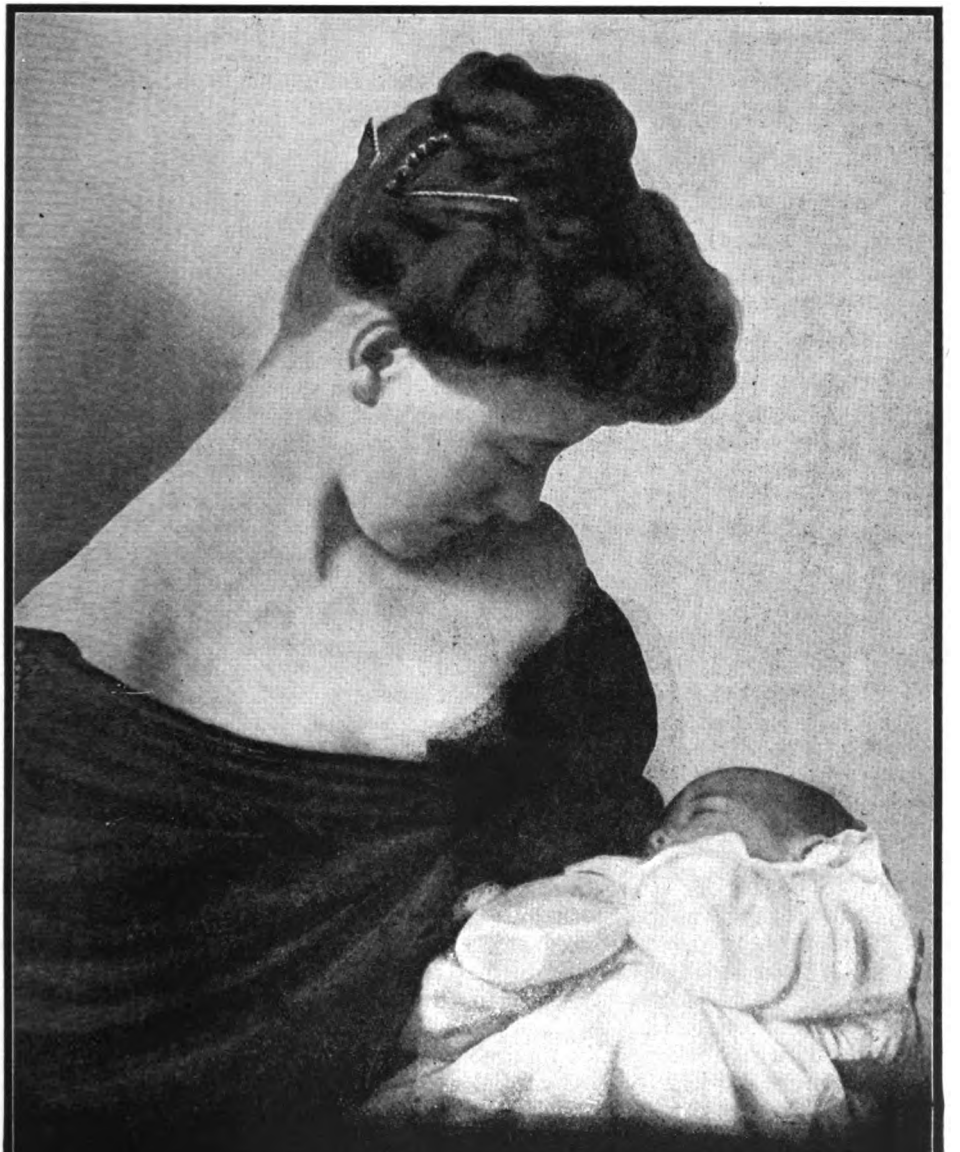

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soon after and confirmed my statement that the tumor had disappeared. A letter from the patient last months states that there has been no return of any of the symptoms—seven months after he was pronounced cured. He is in better health than for many years.

January, 1907, one and a half years after the cure was completed, he is in splendid health.

In presenting the foregoing cases, the author does not suggest that he has found an infallible cure for cancer, but rather that such results must convince us that cancer may be placed on the list of curable diseases. The treatment, to be successful, requires great care in carrying out the method. If the remedies are carelessly administered, satisfactory results can not be expected. In all serious cases and internal tumors, I advise remaining in bed for weeks, depending upon conditions in individual instances. The bromide (*i. e.*, the Ausenauro) must be gradually increased. Few patients will bear large doses from the beginning.—J. M. G. Carter, M. D., Sc. D., Ph. D., Waukegan, Emeritus Professor of Clinical Medicine, Universit yof Illinois; Fellow of the American Academy of Medicine; Ex-President of the Illinois State Medical Society, etc., etc. (Abstract of paper read before the Section on Medicine of the Illinois State Medical Society, at Springfield, May 15-17, 1906. *Ill. Med. Jour.*, January, 1907. The bibliography is omitted.) Published in the *Illinois Medical Journal*, also in *The Therapeutic Medicine*, for April, 1907.

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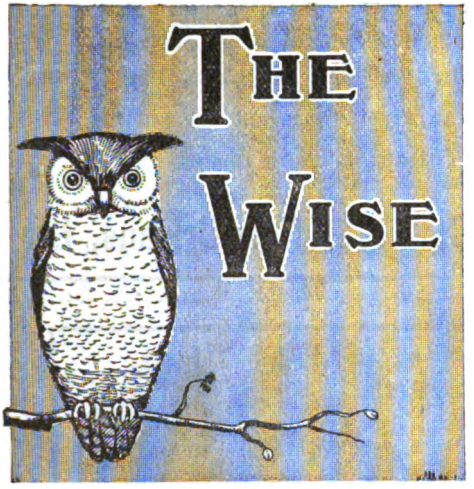
Doctor



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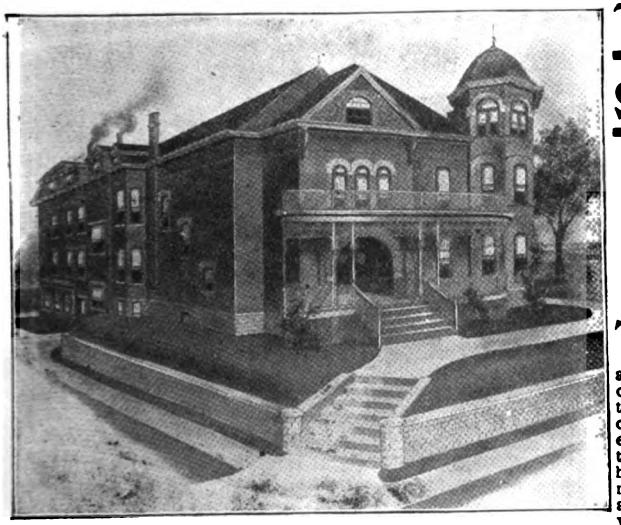

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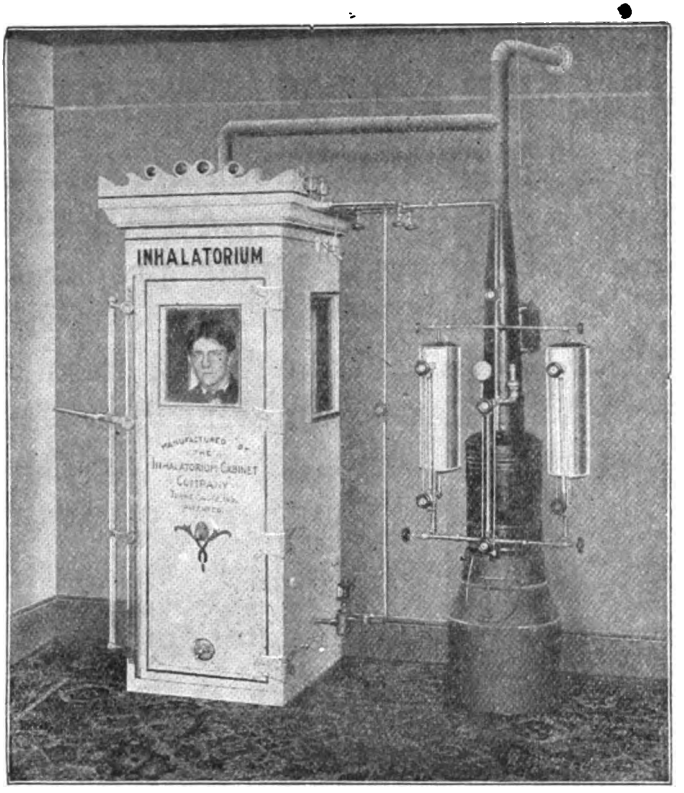

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VOL. XXIII. AUSTIN, OCTOBER, 1907. No. 4.

The publisher is not responsible for the views of contributors.

For Texas Medical Journal.

Yellow Fever Again in Cuba.*

BY A. M. FERNANDEZ DE YBARRA, A. B., M. D., NEW YORK CITY.

In the official report of the Superior Board of Health of the Island of Cuba, published in *Revista de Medicina Tropical*, of Havana, for the month of December, 1905, there is a "Statement of the Yellow Fever Cases That Occurred In the City of Havana from October 17 to December 12, 1905," confirmed as such by the official Commission of Infectious Diseases of that island. As stated in the report, in that summary of yellow fever cases are included four (Nos. 29, 47, 54 and 57) that appeared in the interior of the island, viz., one case in the city of Matanzas; one case in a sugar plantation called "Valiente," two miles distant from the town of Alacranes (3000 inhabitants), in the same province of Matanzas, and at about thirty-four miles to the south from the city of Matanzas, in the interior of the island; one case in another sugar plantation near the town of Real Campina, in the province of Santa Clara, close to the boundary line of Matanzas province; and one case at the sugar plantation called "Julia," also in Matanzas province, and both these two cases in the interior of the island.

But other three cases of yellow fever,—one at the city of Marianao, thirteen kilometers to the southwest from Havana; one at the town of San Jose de las Lajas, thirty miles to the southeast from Havana, and one case at the sugar plantation called "Alava,"

*This article is simultaneously published in the Spanish language, both in Europe and America.

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near the town of Benaguises, in the province of Matanzas, in the interior of the island,—are not included in that official report of yellow fever cases because "it has not been possible to trace the source of infection of those three cases," as the president of the Superior Board of Health of Cuba says in his official report. Which is a very flimsy reason, indeed.

Nor has another case been included in that official report (inasmuch as they also included four other cases which occurred outside the city of Havana), and a second one it was which appeared at the sugar plantation called "Valiente," in Matanzas province.

Adding those four unreasonably excluded cases, with three deaths, to the fifty-eight cases and twenty-two deaths (twenty-one of which being marked "under treatment") of the "Statement," they form a total of sixty-two officially recognized cases of yellow fever, with twenty-five deaths, that appeared in Cuba in different localities of the western part of the island in the short period of less than two months (from October 17 to December 12, 1905), and during the beginning of the winter season of the year 1905.

To those sixty-two cases must be added the other two that appeared at Punta de Sal, near the city of Santiago de Cuba, in the eastern part of the island, at the end of the previous year, 1904, the source of their infection not having been traced, either, to yellow fever infected mosquitoes. And ten cases, with four deaths, more that occurred in the city of Havana, from December 12 to December 31, 1905, and that likewise, unreasonably, were not tabulated in the official "Statement" (which in my opinion ought to have been dated December 31, the last day of the month and of the year, instead of December 12), a total of seventy-four cases of yellow fever, with twenty-nine deaths, is reached during the years of 1904 and 1905.

Coming now to the statistics of cases in the epidemic of 1906, or, rather, the uninterrupted continuation of the same epidemic of 1905, from January 1 to July 1, 1906, we find the following official figures, which I have gathered from the published reports of the Superior Board of Health of the Island of Cuba, and the *Public Health Reports*, issued weekly at Washington, D. C., by the Surgeon General of the Public Health and Marine Hospital Service of the United States:

January 1, 1906—1 case. Died January 3.

January 16, 1906.—1 case. This case was not reported until the autopsy, made January 16, had revealed the typical pathological lesions of yellow fever.

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January 20, 1906.—1 case. In this case the same circumstances occurred, that is, the diagnosis was not officially confirmed until after the autopsy was made.

January 30, 1906.—1 case.

January 31, 1906.—1 case.

February 2, 1906.—1 case.

February 6, 1906.—1 case. This case appeared in Matanzas province in the sugar plantation colony called "Atrevido," near the town of Bolondron, at about thirty-four miles south from the city of Matanzas. Died.

February 7, 1906.—1 case. This case was a Cuban lad, 16 years of age, who died.

February 11, 1906.—1 case.

May 18, 1906.—1 case. Died.

May 23, 1906.—1 case. This case occurred in Matanzas province, in the vicinity of the town of Union de Reyes, at about thirty miles south from the city of Matanzas.

June 7, 1906.—1 case. Died. This case occurred at No. 93 Muralla street, and was treated at "Covadonga" hospital.

June 12, 1906.—1 case. Died. This case occurred at the Miramar hotel, which is the most exclusive one in Havana.

June 18, 1906—1 case.

June 21, 1906—1 case.

Total, 15 cases and 8 deaths from January 1 to July 1, 1906.

So that a grand total of eighty-nine cases of yellow fever with thirty-seven deaths (a mortality of 41.57 per cent) have made their appearance in Cuba since the much-vaunted etiological theory of the female *Stegomyia fasciata* mosquito as the only cause of the development of that disease, and the exclusive means of its propagation was discovered in that very island of Cuba in 1900, proudly proclaimed there and in the United States as the future salvation from the ravages of that fearful disease, and since the arrogant defiance to the reappearance of any more epidemics of yellow fever in Havana and in New Orleans (in both of which cities yellow fever did reappear)—founded on the discovery of that theory, which was made to order, and by false analogy similar to the etiological theory of malaria—was cast to the four winds of heaven, and loudly praised and cheered in highly scientific medical journals.*

*See the article, "La propagation de la fievre jaune," by Prof. G. Sandrelli, in reference to the last epidemic in New Orleans, in "Revue d'Hygiene et de Police Sanitaire," May, 1906.

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And it is a singular fact, worthy of careful consideration, that the epidemic of yellow fever in Cuba in 1905 and 1906 and 1907 made its reappearance in the western part of that island where the pretended extermination of *Stegomyia fasciata* mosquitoes has continuously been carried on since February 15, 1901 (the date of the very commencement of that prophylactic campaign *in the city of Havana only*); while the eastern part of the island, where the great and appalling epidemic of yellow fever which appeared there during the Spanish-American war, and was effectually eradicated without killing mosquitoes, nor protecting the yellow fever patients against their bites, and, also, where no active war on mosquitoes has ever since that time been carried on, nor before, has remained all the year 1905, 1906, and up to the present time, entirely free from yellow fever.

I will give now the clinical history of several of those Cuban yellow fever cases, as officially published by the Superior Board of Health of Cuba and the Public Health and Marine Hospital Service of the United States, in which cases the origin of the disease could not be traced to yellow fever infected mosquitoes, in spite of the most searching investigation, thus showing hereby with practical and irrefutable proofs the fallacy of that etiological theory of the disease. And without any further comment I will end this paper by reproducing (translated by me into English from its Spanish original) the above-referred official "Statement of the Yellow Fever Cases that Occurred in the City of Havana from October 17 to December 12, 1905," with a short resume of those cases made by me.

CLINICAL HISTORY OF YELLOW FEVER CASES FAILING TO PROVE THE MOSQUITO ETIOLOGY AND ONLY MEANS OF TRANSMISSION OF THE DISEASE.

1. *Clinical History of the Two Cases of Yellow Fever at Punta de Sal, in the Province of Santiago de Cuba.* FIRST CASE.—From an official cablegram sent by the representative of the Public Health and Marine Hospital Service of the United States at the city of Santiago de Cuba to his chief in Washington, D. C., dated October 24, 1904, the following is quoted: "The local board of health reports one case of yellow fever at Punta de Sal, has been sick seven days. Can not yet trace source of infection. Transferred him to isolated Cayo Duane (quarantine station). Issued bill of health shows this. Will write first mail.—WILSON."

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On receipt of this report, via Washington, D. C., and another one from Dr. Caminero, Cuban medical officer of the port of Santiago de Cuba, the Superior Board of Health of the Island of Cuba immediately sent Dr. Juan Guiteras, as a yellow fever expert, to examine the case, and he wired that all the symptoms were those of yellow fever, yet he was not able to confirm the diagnosis already made.

From all the information received at Havana, no vessel had arrived at the port of Santiago de Cuba from any infected yellow fever place since the beginning of September, 1904, and it seemed very strange to all the sanitary authorities of Cuba that yellow fever should develop there without any cause to propagate it.

The patient, Mr. S. A. Fuller, was a white native of the United States, 24 years of age, who arrived at Santiago de Cuba on September 23, 1904, in the American steamship Orizaba from New York. He went immediately to Punta de Sal (the port of shipment of the Cobre copper mines), and afterward made several visits to the city of Santiago de Cuba, near by, across the bay. On Sunday, October 16, he was again in that city and drank beer and other drinks to excess. On Monday, October 17, he felt sick and heavy, but kept at his work as a foreman of the mines. On Tuesday, the 18th, he was compelled to quit his work on account of his sickness, but no physician was called in to see him until Thursday, the 20th, on which day Dr. Jose Bisbee saw him and found that he had a high fever, 40.2 C., pulse 92, frontal headache, rachialgia, marked epigastralgia, flushed face, bilious vomiting, epistaxis, injected eyes, great restlessness and scanty urine, but without albumin. He continued in this condition until Saturday, the 22d, when Dr. Bisbee called in consultation Dr. I. P. Agostini, chief of the municipal sanitary department of Santiago de Cuba, and on Sunday, October 23, the case was reported as one of suspected yellow fever.

The official Commission of Infectious Diseases of the city of Santiago de Cuba went that day to Punta de Sal, examined the patient and found all the symptoms as described above, and in addition a great quantity of albumin in the urine. On October 27, that is, on the tenth day of the disease, Dr. Juan Guiteras officially confirmed the diagnosis of yellow fever, but not until then.

SECOND CASE.—The patient, Mr. Slater, was a young American, af the white race (age not given), who was assistant to the foreman, Mr. Fuller, in his work at the copper mines. He was taken

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sick on November 2, 1904, that is, ten days after Mr. Fuller had been removed to Cayo Duane, October 23, and the longest period of incubation of the disease (six days) had already passed. At once he was put under observation as a suspicious case of yellow fever and sent to the lazaretto at Cayo Duane. This case was officially confirmed on November 8, and not until then.

2. *The First Case of the Epidemic of 1905 at the City of Havana.*—The patient was a native of Spain, who had steadily lived in Cuba for several years, was employed as a truckman by a commercial house, and often went to the main wharf of the city (Muelle de Caballeria) to carry merchandise for his employers. He was taken sick on October 17 and died on October 25. The death certificate stated that the patient had died of a "dangerous jaundice" (ictero grave), but, upon investigation by the Superior Board of Health, it was discovered that the case had been a typical one of yellow fever. The mosquito origin of the infection could not be found.

3. *The Case at the City of Mariano, Thirteen Kilometers Southwest from Havana.*—Rosalia Fernandez, born in Spain, wet nurse to a child in the family that lives at No. 34 General Lee street. She had lived in Cuba during the last fourteen months, the final four of which had her steady residence at the above address, without having gone out of that house at all during those four months. She got sick on November 23, 1905; was taken to "Las Animas" hospital as a suspicious case of yellow fever, and on November 25 the official Commission of Infectious Diseases confirmed the diagnosis of yellow fever.

4. *The Case at San Jose de las Lajas, Thirty Miles to the Southeast from Havana.*—Francisco Lopez, born in Spain, lived in Cuba during the last three months, residing all that time in San Jose de las Lajas, in the tenement building owned by the trolley car company, and worked as a laborer on the branch of that company which extends from San Jose to the city of Guines. He asserted that he had not been in the city of Havana before getting sick. On November 26 he took to his bed with symptoms of yellow fever, was transported to "Las Animas" hospital on December 1, and the liagnosis was confirmed that very day by the official Commission of Infectious Diseases.

5. *The Case Near the Town of Banaguises, in the Province of Matanzas.*—Maria Mendez Freire, born at Lugo, Spain, arrived at Havana as an immigrant on November 14, 1905, remained

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twenty-four hours at the isolation station of Triscornia (the immigrants' depot), and spent two and one-half days in a cheap hotel situated at No. 29 Inquisidor street, going from there by railroad on November 20 to the sugar plantation called "Alava," located near the town of Banaguises, in the province of Matanzas, in the interior of the island. She got sick with yellow fever symptoms on December 7, was taken to the municipal hospital of the town of Colon (as there was no hospital at Banaguises), which is situated in the interior of the island, at about sixty miles to the southeast from the city of Matanzas. There she was isolated in a mosquito-proof room. The diagnosis of yellow fever was confirmed by the chief of the local health board of Colon, and also by the commission of experts sent from the city of Matanzas by the Superior Board of Health of the island, and a delegate of the same who went directly from Havana.

6. *The Case at the Sugar Plantation Colony Called "Valiente," Midway Between the Towns of Union de Reyes and Alacranes, in the Province of Matanzas.*—The patient was a Spaniard who had recently arrived at Havana from his native country as an immigrant. He was transferred, as usual, from the steamer to the isolation station of Triscornia, awaiting employment. He arrived at the Sugar plantation "Valiente" on November 29, went to work the following day feeling perfectly well; worked all that day and the following one, and was taken sick December 1. No physician was called to visit the case until the sixth day of the disease, and when the patient was in a preagonic condition.

The attending physician, noting suspicious symptoms of yellow fever, reported the case to the local health officer at Union de Reyes (a town of about 3000 inhabitants, located at a distance of thirty miles to the south from the city of Matanzas), during the evening of December 6, who went to visit the patient, at a distance of two miles from Union de Reyes, in order to verify the diagnosis, on the morning of December 7, shortly before the patient died. The provincial sanitary inspector, who resides at Matanzas city, was telegraphed for, and a post-mortem examination revealed the typical pathological lesions of yellow fever.

7. *The Case Near the Town of Real Campina, in the Province of Santa Clara.*—The patient was a Spanish immigrant, who had arrived at Havana from his native country on November 18, 1905, in excellent health. After being detained at the quarantine station of Triscornia, as it is customary, he was released, and on No-

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vember 27 went by railroad to work at a sugar plantation near the town of Real Campina, which belongs to the municipal district of the city of Cienfuegos, and is located close to the boundary line between the provinces of Matanzas and Santa Clara. He got sick with yellow fever symptoms on December 5, 1905. He was first carried to the town of Real Campina, but as there was no hospital there he was transferred to the town of Colon, the same as the case from near the town of Banaguises, where the diagnosis of yellow fever was confirmed on December 11, and two days after he died, on December 13.

8. *The Case in a Sugar Plantation Near the Town of Bolondron, in the Province of Matanzas.*—The patient was a Spanish immigrant who had left the city of Havana two months previously, and had been working steadily as a laborer all that time in a sugar plantation colony called "Atrevido," situated near the town of Bolondron, in the province of Matanzas, at about thirty-five miles south from the city of Matanzas, in the interior of the island. He had not had any contact or communication with any focus of yellow fever infection. The Havana sanitary authorities made a very close investigation of all the circumstances in this case, but could not find the source of infection. In view of the impossibility of tracing the infection, the diagnosis of the disease was considered doubtful until the post-mortem findings proved it to be a typical case of yellow fever.

It is very clearly proven in all these nine cases of yellow fever, except, perhaps, one (No. 6), that the disease developed after six days' exposure to the supposed mosquito infection (granting there was such, which in several of these instances here narrated could not possibly have existed), which is the longest recognized period of incubation of yellow fever.

The exclusive mosquito theory of that disease, therefore, is hereby indicted.

Relying on that fictitious theory, the sanitary authorities of Cuba firmly believed that by preventing the hatching of mosquitoes in the city of Havana (the other cities and towns of the island not having been taken into consideration), and protecting all imported cases of yellow fever from the bites of mosquitoes, the island was perfectly safe from any more epidemics of that disease. In consequence of that false sense of security, they neglected the enforcement of the well established rules of cleanliness and general sanitation, which has a continuous history of many centuries in

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its favor, thus slowly but surely retrograding to the fearful unsanitary condition that prevailed at the time of the Spanish sovereignty in Cuba. And to such extent that neglect of general sanitation of the cities and towns had already gone that when the *New York Herald* sent a commission of experts to Cuba to investigate the true condition of sanitary affairs, and they revealed to the world the bad state of sanitation there, the Cuban authorities and the Cuban press denounced the great New York paper in the most scathing terms. But the reappearance of yellow fever in Cuba opened wide the eyes of the Cuban people, and hundreds of thousands of dollars were hurriedly spent in cleaning Havana and all the larger cities of the island, making also provision in the government budget for good and abundant supply of water. The Cuban sanitary authorities went to the extreme of renewing and putting in force the stringent sanitary rules of a house-to-house cleaning and disinfection in the city of Havana, which were so timely and efficiently ordered by the late General Ludlow during the first American occupation of that city.

In the modern method, now so fashionable, of eradicating an epidemic of yellow fever, all the old means of accomplishing that result are employed *plus* the prevention of mosquito hatching on the surface of stagnant water, and the protection of the isolated patients from the bites of mosquitoes. Then the good results thus obtained are hypocritically attributed *only* to the campaign against mosquitoes. Why do they not leave the yellow fever patient wherever he be found sick, thoroughly protected from the bites of mosquitoes, but without isolating him in a special hospital and without carrying out all the old prophylactic measures? If it is true that "without mosquitoes there can be no yellow fever," why do they still continue to classify yellow fever as an infectious disease, and proceed to stamp it out from a locality as such?

This unabated mystification reminds me of the casuistic resource of a fellow practitioner and friend of mine when any of his patients suffering from a soft chancre of the penis complained to him that the iodoform ordered to be dusted after disinfection of the sore made people near him stop their noses, run away from him, and give vent to very unpleasant remarks. In such cases my fellow practitioner advised his patient to put some powdered iodoform on one of their fingers and bandage it well around. The people with whom they came in contact could not then distinguish that there were two sources of iodoform smell, and, consequently, seeing the bandaged finger, would stop making unpleasant remarks.

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In the officially published "Statement of Cases of Yellow Fever" of the Superior Board of Health of Cuba only fifteen deaths are recorded as having occurred in the tabulated total of fifty-eight cases, but I noticed that no less than twenty-one cases are marked "under treatment," some of them as early at the beginning of the epidemic as November 16 and 19. I have investigated the termination of those twenty-one cases and found that seven of them were fatal, making a total of twenty-two deaths in the fifty-eight cases from October 17 to December 12, 1905, a mortality of 37.93 per cent. This figure clearly indicates the virulence of the disease.*

If a non-immune person who has been inoculated by the bite of a yellow fever infected female *Stegomyia fasciata* mosquito develop the disease in due time, the natural consequence of this case of yellow fever would be that the house where the patient resides, its immediate neighborhood, some non-immune individual who may have visited his residence, or in some other way became exposed to the bite of female, and only female, *Stegomyia fasciata* mosquitoes contaminated with the poisoned blood of that yellow fever patient (already hypocritically isolated in a special hospital), would necessarily be the very factors for the subsequent appearance of more cases of the disease, if the new etiological theory of yellow fever is true.

In the reappearance of the epidemic of yellow fever in Havana have those necessary factors been verified?

No, not by any means. What has happened is precisely the contrary of it, inasmuch as the first case of the epidemic occurred at No. 14 San Miguel street, the second case developed at No. 115 Aguila street, the third at No. 98 Amistad street, the fourth at No. 537 Calzada de Jesus del Monte, the fifth at the Inglaterra hotel, on the Prado (the most fashionable street in the city), the ninth in a bark anchored in the bay, another one in the aristocratic suburb of Vedado, another one in the city of Regla, on the other side of Havana bay, another case developed in the city of Marianao, thirteen kilometers southwest from Havana; another case at the town of San Jose de las Lajas, thirty miles to the southwest from Havana; another one in the city of Matanzas, sixty miles east from Havana; another in a sugar plantation in Santa Clara province, etc., etc., etc., places all of them very far from each other.

*Please read my short article on "The Modern Treatment of Yellow Fever," published in "the Therapeutic Gazette," April 15, 1905, and in the Spanish language in "El Siglo Medico," of Madrid, "Gaceta Medica Catalana," of Barcelona, "Semana Medica," of Buenos Ayres, etc.

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And all these cases occurred in persons who had not been in any way in contact or near one another. And even granting, for the sake of argument, that they had been exposed to the bite of contaminated female *Stegomyia fasciata* mosquitoes, the incubation period of the disease had already long passed away when they got sick.

In the case of the two Italian friends, who lived, respectively, at No. 115 Aguila street and at No. 98 Amistad street, there is no doubt that both were infected in the same locality (whatever that locality may have been); but it is certain that the second case was not infected by any female mosquito which might have bitten the first case, for the very convincing reason that the time elapsed between the sickness and death of the first patient and the sickness of the second patient does not leave room even for the suspicion that the one was infected by the other. [From Dr. Tomas Vicente Coronado's paper, entitled "Is It Possible to Confound Yellow Fever with Other Febrile States?" read by him before the Academy of Medical Sciences of Havana, Cuba, on November 24, 1905, and published in the *Anales de la Academie de Ciencias Medicas,* Vol. XLII, October-December, 1905-1906, page 214.]

The sophisticated assertion that "without mosquito there can be no yellow fever" appears in all its nude form when it is remembered that the commission that discovered the mosquito etiology and only manner of transmission of that disease, proved beyond all possibility of a doubt that yellow fever can be very easily transmitted from a sick room to a healthy non-immune by the simple use of a hypodermic syringe. And without the intervention of any mosquito whatever.

And the no less deceptive pretension that the female *Stegomyia fasciata*, and no male mosquito of the same species whatsoever, transmits yellow fever because the female needs human blood to be able to complete the physiological process of ovulation, when it is perfectly well known that thousands of millions of female *Stegomyia fasciata* mosquitoes in the marshes and swamps go through all their existence, accomplishing to the fullest extent the physiological process of ovulation, and thus effectually reproducing their own species *without ever having had a single meal of human blood.*

Regarding the apparently formidible argument, so often used as a trump card, of the corroborative observations of the mosquito theory of yellow fever independently made in Brazil by the French commission from the Pasteur Institute of Paris, the English com-

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mission from the Liverpool School of Tropical Medicine, and the German commission from Hamburg, my explanation of the misleading results obtained by all of them is that they all are founded on exactly the same unsteady ground principle. All those eminent men of science (many of them, like in the American commission, never having seen a single case of yellow fever before), made the mistake of unwittingly repeating the fundamental experiments of the American commission at Havana in 1900, which, in my opinion, were improperly conducted under abnormal and artificial conditions, instead of following the natural process of the development of yellow fever.* In other words, they ought to have, first, studied the atmospheric and telluric conditions under which yellow fever develops, and to have made their experimental investigations in a native-built house, located in a focus of yellow fever infection, with all the unsanitary conditions there existing in a natural state (as much in regard to the house itself as regarding the town in which it was located), but thoroughly well protected against the entrance of mosquitoes, instead of building, in a healthy locality, a sort of an ideal autoclave to make the experiments in; they ought to have been extremely careful in the selection of non-immune persons to be used as test cases, which precaution the American commission failed to take properly; they ought to have confined those persons to live steadily in that native-built house, effectually contaminated with yellow fever poison, both day and night, instead of putting them in the ideal autoclave, as they did, *only to sleep,* and taking them out of it each morning to remain all day in a thoroughly healthy place, thus imitating in an inverse order Penelope's weaving,—undoing in the daytime what had been done during the night, which is exactly the same as if a person were taking a slow poison at night and an antidote for it in the daytime. They ought to have fed those non-immune persons in the same way, with exactly the same kind of food, and in the same amount that they were accustomed to be fed, instead of feasting them upon a highly nutritious, abundant and very strengthening dietary, in that way enabling their systems to better combat the depressive action of the infecting poison, whatever it

*See my critical dissertation on "The Fallacy of the Mosquito in Yellow Fever," published in the "Cronica Medica Mexicana," of the City of Mexico, for September, October, November and December, 1905; also in "El Siglo Medico," of Madrid, Spain, for November 25, December 2 and 16, 1905, January 20, February 24, March 10 and 17, 1906; in "Revista Medica," of Sao Paulo, Brazil; in "Boletin de la Asociacion Medica de Puerto Rico," San Juan, Porto Rico, and other medical journals.

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may be, and to come out of the experiments (as it did actually happen, both in Cuba and in Brazil) in a much healthier and stronger condition than when they began the ordeal.

And why have they not also made, as they should, controlling experiments with biting flies, bed bugs, fleas, chigoes, sand ticks and lice?

Official Statement of the Cases of Yellow Fever That Occurred at Havana, Cuba, From October 17, to December 12, 1905.

Number.	Date of sickness.	Born in—	Place of residence.	Result.
1	October 17	Spain	14 San Miguel street	Died October 25.
2	October 23	Italy	115 Aguila street	Died October 29.
3	October 29	Italy	98 Amistad street	Cured November 16.
4	November 4	Spain	537 C. de Jesus del M	Cured November 23.
5	November 5	United States	Inglaterra Hotel	Died November 11.
6	November 5	Spain	113 Compostela street	Died November 12.
7	November 8	Spain	64 Amistad street	Cured November 23.
8	November 9	United States	115 Industria street	Cured November 21.
9	November 9	United States	Bark "Alex. Black"	Cured November 21.
10	November 10	Spain	62 Zulueta street	Cured November 29.
11	November 11	United States	Louvre Hotel	Cured November 22.
12	November 12	United States	16 San Rafael street	Died November 21.
13	November 13	Germany	125 Industria street	Cured December 10.
14	November 15	Spain	154 Zanja street	Died November 27.
15	November 16	Spain	68 Obispo street	Cured December 3.
16	November 17	Spain	106 Marti street, Regla	Under treatment.
17	November 17	Spain	Isla de Cuba Hotel	Died November 28.
18	November 17	Spain	134 Habana street	Died December 1.
19	November 18	England	16 San Rafael street	Under treatment.
20	November 18	Spain	8 Obrapia street	Cured November 27.
21	November 18	Spain	134 Habana street	Died November 30.
22	November 19	Spain	1½ S. Rafael street	Cured December 7.
23	November 19	United States	93a Paseo de Marti	Cured November 29.
24	November 19	Spain	134 Habana street	Cured December 8.
25	November 19	Spain	75 Monserrate street	Died December 2.
26	November 19	Spain	60 Neptuno street	Died November 29.
27	November 20	Spain	103 Paseo de Marti	Under treatment.
28	November 20	Spain	39 Banos street, Vedado	Cured December 7.
29	November 21	Spain	124 Consulado street. (This case belongs to Matanzas city.)	Cured December 4.
30	November 23	England	122 San Nicolas street	Cured December 3.
31	November 24	United States	23 Concordia street,	Cured December 7.
32	November 25	United States	23 Concordia street	Cured December 9.
33	November 25	Spain	21 and 23 San Jose street	Cured December 6.
34	November 26	Spain	123 Concordia street	Cured December 8.
35	November 26	United States	1 Concordia street	Died December 4.
36	November 27	Spain	145 San Rafael street	Cured December 9.
37	November 27	Spain	110 Industria street	Under treatment.
38	November 28	Spain	54 Obispo street	Under treatment.
39	November 29	Spain	140 Habana street	Under treatment.
40	November 29	Spain	Dependientes' Hospital	Under treatment.
41	November 29	Spain	San Jose and Quiroga Sts	Cured December 10.
42	November 30	Spain	130 San Jose street	Under treatment.
43	November 30	Spain	130 Industria street	Died December 7.
44	November 30	Spain	72 Factoria street	Under treatment.
45	December 1	Spain	134 Habana street	Under treatment.
46	December 1	Spain	31 San Rafael street,	Under treatment.
47	December 1	Spain	134 Habana street. (This case belongs to Alacranes.)	Died December 7.
48	December 2	Spain	174 Industria street	Under treatment.
49	December 2	Cuba	6 Concordia street	Died December 8.
50	December 3	Spain	122 Esperanza street	Under treatment.
51	December 3	Spain	70 Aguacate street	Under treatment.
52	December 4	Spain	33 Galiano street	Under treatment.
53	December 5	Spain	Covadonga Hospital	Under treatment.
54	December 5	Spain	136 Habana street. (This case belongs to Real Campina.)	Under treatment.
55	December 8	Spain	134 Habana street	Under treatment.
56	December 9	Spain	95 and 97 Obispo street	Under treatment.
57	December 10	Spain	La Benefica Hospital	Under treatment.
58	December 10	Spain	122 Compostela street	Under treatment.

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RESUME.

Date.	Cases.	Deaths.	Date.	Cases.	Deaths.
October 17	1	.....	November 21	1	1
October 23	1	.....	November 23	1	.....
October 25	.....	1	November 24	1	.....
October 29	1	1	November 25	2	.....
November 4	1	.....	November 26	2	.....
November 5	2	.....	November 27	2	1
November 8	1	.....	November 28	1	1
November 9	2	.....	November 29	3	1
November 10	1	.....	November 30	3	1
November 11	1	1	December 1	3	1
November 12	1	1	December 2	2	1
November 13	1	....	December 3	2	.....
November 15	1	....	December 4	1	1
November 16	1	.....	December 5	2	2
November 17	3	.....	December 8	1	1
November 18	3	.....	December 9	1	.....
November 19	5	.....	December 10	2	.....
November 20	2	.....			
Total.....	28	4	Total.....	30	11

	Cases.	Deaths.
General total during the first 35 days.....	28	4
General total during the following 22 days.....	30	11
Number of deaths not recorded.....		7
Cases unreasonably excluded.....	4	3
At Punta de Sal at the end of 1904.....	2	
Cases that occurred from December 12, 1905, to December 31, 1905.....	10	4
Cases that occurred from January 1, 1906, to July 1, 1906	15	8
Grand total of cases and deaths up to July 1, 1906..	89	37

These eighty-nine cases of yellow fever, with thirty-seven deaths (mortality 41.57 per cent), which made their reappearance in Cuba up to July 1, 1906, and a great many more after the first six months of that year and up to the end of the first eight months of 1907, since the supposed rigorously scientific and *infallible* manner of preventing the introduction of that dreadful disease into a locality, or its propagation after its introduction, was discovered in the year 1900, are the cases officially reported as such by the sanitary authorities of that island. But an epidemic of dengue fever was raging in Cuba at the same time, the symptoms of which closely resemble at the beginning those of yellow fever, and consequently many cases of the latter may have been mistaken for the former disease, as it was conclusively proved

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in two or three instances when the autopsy revealed the error in diagnosis.*

Total number of reinfected streets in the city of Havana up to July 1, 1906	34
Total number of streets with 6 houses infected	1
Total number of streets with 5 houses infected	1
Total number of streets with 4 houses infected	2
Total number of streets with 3 houses infected	3
Total number of streets with 2 houses infected	5
Total number of streets with 1 house infected	22
Total number blocks of houses in which 3 houses were infected	2
Total number blocks of houses in which 2 houses were infected	4
Total number blocks of houses in which 1 house was infected	46
Total number of blocks of houses reinfected	52
Total number of foci of reinfection in the city of Havana up to July 1, 1906	60

In one house, after five successive fumigations with burning sulphur for the extermination of mosquitoes, on account of five previous cases of yellow fever, *one more case still occurred, that is, six cases.* That house was No. 134 Habana street.

In four houses, after one fumigation with burning sulphur for the extermination of mosquitoes, on account of a case of yellow fever, *one more case still occurred, that is, two cases.*

In Concordia street, after a thorough fumigation of the whole block, on account of two cases that developed at No. 23, one on the 24th and the other on the 25th of November, 1905, no less than five other cases made their appearance at Nos. 1, 6, 20, 21 and 123.

In fifty-five houses there was only one case of yellow fever in each.

THE APOSTLE OF PURITY.—Dr. C. A. Bryce resents the imputation that the independent medical journals are controlled by their advertising patronage, and in a forceful editorial in the August number of *The Southern Clinic* throws back the charge

*Please consult my paper, *Contribution to the Diagnosis of Yellow Fever*, read by me before the Orleans Parish Medical Society, New Orleans, and published in "The Medical News" of Philadelphia, March 26, 1877. I published it also in Spanish in several medical journals.

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in the following vigorous language. He says: "Dr. Simmons, of the *J. A. M. A.*, seems to harbor a peculiar dislike to antikamnia and its compounds, and in its writeup in his pamphlet, sent gratuitously far and wide, he appeals pathetically to all physicians and journalists to leave the evil thing alone. He doesn't see how any self-respecting journalist can carry the advertisement of antikamnia, nor how any physician 'with a particle of self-respect or manhood' can continue to support any such journal.

"*The Southern Clinic* carries the advertisement of antikamnia and caries a large and influential list of subscribers—men who are neither renegades, proselytes nor ringsters—men who are, to say the least, as honorable, self-respecting and truthful as this Apostle of Purity who see-saws like a supplejack between truth and policy. We carry the antikamnia advertisement because we know from many years' experience that it will do just what we expect antikamnia to do. We know its effects, its dose, and that it is safe to administer in doses we have proven. We have found it a valuable remedy, and, as such, use it largely in a variety of diseases. We have never had any bad results from its use in large or small doses in old or young. We, therefore, carry it as an advertisement and prescribe it in practice because we *know what we are doing*, and can confidently recommend it to our professional brethren. We presume they likewise, with all due respect for themselves and honesty of purpose, prescribe antikamnia and support the *Clinic* because they know that they are both good and honest productions. Moreover, as we are relying upon our own knowledge and responsibility, we prefer *our* opinion to that of the worthy Simmons."

One should inquire carefully for the history of the application of carbolic acid to a wound, especially of the finger or toe, when a gangrene with a distinct line of demarkation has developed.—*American Journal of Surgery.*

An exquisitely tender swelling situated just above the sterno-clavicular articulation may be due to the perforation of the esophagus by a foreign body. If there are evidence of acute laryngitis, with edema of the arytenoid cartilages, the cause may be a perichondritis of one of the tracheal rings or the cricoid cartilage.—*American Journal of Surgery.*

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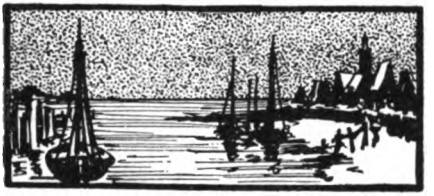

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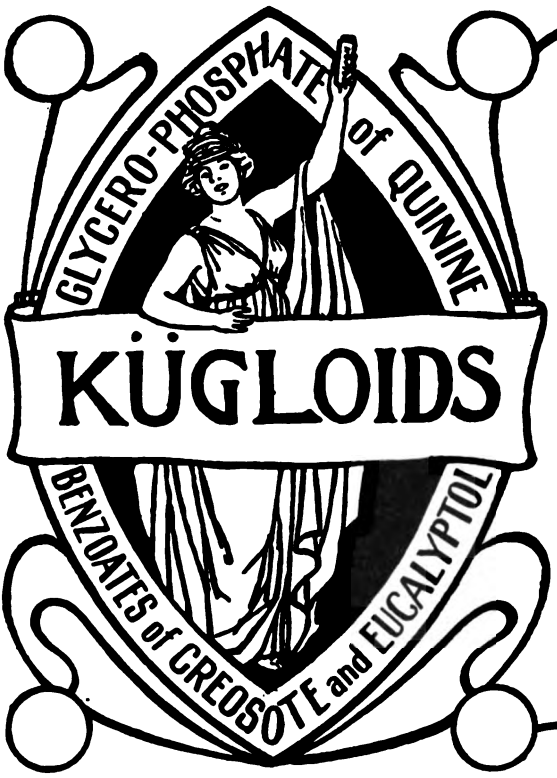

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EDITORIAL DEPARTMENT.

THE DEADLY FLY.

Uncle Toby was evidently not a sanitarian, and had no conception of "germs" or germ carriers. If he had been he would surely have killed that fly. A modern appreciation of the fly recognizes in him and his kinfolks one of the greatest enemies of man, an insidious, indefatigable and most successful disseminator of infectious diseases, and a nuisance generally.

To most people all flies look alike; but there are flies and flies. The little grayish house fly, the most abundant of the species, and known to science as *musca domestica*, has mouth parts separate at the tips for sucking up liquids, but it is not within the power of this species to pierce the cuticle. He gets in his deadly work by crawling over food and distributing the filth (and infection) that adheres to his feet and proboscis when he dines on feces of a typhoid patient, for instance. (Ugh!) It is the stable fly that is thrice armed for death and destruction,—and that is the fellow that comes in from the manure heaps; he can bite, and bite hard, and in addition to the power to scatter infection by crawling over things, like *m. d.*, he can inoculate you, vaccinate you with any number of viruses;—he keeps them on tap, and may, in addition, produce blood poisoning by the introduction of some of the streptococci. He is especially dangerous as a disseminator of the tetanus bacillus. Both he and they breed in manure—the intestine of the horse and mule being the native habitat of the lockjaw bacillus. They are voided in great quantities, and as the manure is allowed to remain on our thoroughfares and dry, they are carried in the dust and go everywhere; and if there is a toy pistol wound or an abrasion from the deadly firecracker anywhere about, he is sure to get into it, and like the inscription in Dante's Inferno—leave hope behind; for about one hundred per cent of such cases of lockjaw die.

Well, the stable fly (which has a harder name than his cousin, to whom we have paid our compliments above, and is known as *stomyx calcitrans*), holds himself in readiness to inject you with a culture of tetanus microbes, night or day, and to aid the dust to the extent of his honest ability in the deadly work. Now, I have said that the house fly can't bite. There are those who will deny this,—and lest Mr. Roosevelt should see this and denounce me as a nature faker, I give mu authorities for the statement: "Studies in Insect Life," Samuel J. Hunter, A. M., Zoology and Entomology, University of Kansas.

The above is by way of introduction to the report to the Austin Mayor and Council by the President of the City Board of Health, Dr. W. J. Mathews, which I present herewith, because what he

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says applies everywhere as well as to Austin, and these forcible and striking remarks should have wide currency, and our readers, especially board of health fellows, should sit up and take notice.

Dr. Mathews said:

"Referring to an instructive article in the *Statesman* stating that horse manure is a breeding place for house flies, I call your attention to the large horse lot south of the courthouse and jail lot, just across the alley. Many horses are kept there. The filthy manure is drawn out of the stables and left in the middle of the lot to rot in the lot instead of being hauled off. The stench is sometimes terrible, and no other place breeds more flies. The horses belong to deputy sheriffs and policemen. Respectfully, R. HILL."

The owner of the lot stated to me that the statements contained in this postal are exaggerated. I shall assume that the statements are correct as a text for what I have to say. In my remarks on the crusade against the fly nuisance in the issue of last Sunday I proved from the best authorities that the fly as a carrier of contagion is responsible for a large percentage of the cases of typhoid fever which have originated in this city, and that the carefully and scientifically conducted experiments of Dr. L. O. Howard of the Washington Academy of Sciences demonstrated beyond a doubt that 95 per cent of all the flies which infest our cities come from horse manure, their favorite breeding place. The heat generated by such a huge pile of horse manure as that described in the above complaint makes it a splendid incubator for flies. It was also shown in my paper that every adult female fly lays 120 eggs. In these reeking, filthy piles of manure behind our stables the eggs of the fly hatch in eight hours. For a time after being hatched they remain worms, feeding upon horse manure, and in ten days' time they are adult flies, and, securing emigration permits in the shape of wings, they leave their filthy origin in search of food in our homes, often carrying disease and death there. With such prolific breeding in horse manure and in garbage more or less carelessly taken care of, the marvel is that typhoid fever is not more rife than we find it.

The remedy is simple. Bury all horse manure so that flies can not gain access to it, and burn up all manner of garbage. This is the simple solution of the fly problems. It is simple enough, but it is difficult to appeal to people who live in filth. I believe that amid their daily environments their olfactory nerves become functionally defective; in other words, their sense of smell is obtunded. This fact was well illustrated in a recent visit to one of our slaughter houses with a skilled veterinary surgeon. This slaughter house was one of the crudest and filthiest concerns I have ever witnessed. From the roof of this wretched building cobwebs hung suspended at least six inches long, blood was spattered all over the interior of the building. This blood and filth on the walls was the accumulation of years, being at least half an inch thick on the walls. What millions of death-dealing germs infested this building! The meat which we eat daily at our tables comes into contact with these

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awful surroundings. Within a few feet of this modern abattoir was a hog pen containing about one dozen hogs. These hogs were fed on the entrails of the slaughtered animals.

But often these hogs were unable to consume all the entrails furnished them, and those which were not eaten were left to putrify. Now when you consider these noisome odors common to every hog pen and then add to this the fearful stench of putrifying decomposing entrails, and still further add to this an open privy vault within a few feet of the slaughter house which is frequented daily by a number of negroes, you may form a dim conception of the condition of our slaughter houses without visiting them. But further, millions of flies swarm over these putrefying septic entrails, and after enjoying an appetizing dose of these rotten entrails and human and hog filth combined, they betake themselves to the unscreened slaughter house, where a number of slaughtered animals are suspended from the roof, adorned with bacterial cobwebs, and there assembled by the millions, covering these dead carcasses as with a garment, depositing the vilest filth known to mankind, as well as disease-producing germs, on the meat we consume daily, but not before these unclean guests have appeased their hunger and cleansed their bodies as they revel in the juicy meat.

If any of you think this picture overdrawn, come with me to these places and if you find these facts overstated never believe me again. The veterinary surgeon who visited the slaughter house with me, already described, will confirm my statement that I failed to convince the proprietor of this wretched and disgraceful slaughter house that there was any bad odor about his place. His sense of smell was so blunted and his ideas of sanitary matters so crude and depraved that he seemed completely oblivious of the noisome odors and of his unseemly and unsanitary environments. So it is of the stablemen. He passes the greater part of his life inhaling the noxious odors of the stable and looks as happy and satisfied as if he was inhaling the odor of roses. His olfactories are paralyzed, and we can not wake him up to realize how utterly revolting these unpleasant odors are to normal healthy olfactory nerves and to people who live away from filth and love to breathe God's pure untainted air.

Now, these stable manure heaps must go. They have caused many sad deaths, many untold sorrows, the payment of many large doctor's bills and the expenses of many an unnecessary funeral. Is it not time, then, that we were calling a halt to the barbarous and unsanitary methods pursued by even the best stables in our city in the disposition of their stable manure? Aldermen of the city should wake up to their solemn responsibility of the duties of their office, for in their hands largely depends the destiny of the city of Austin. In their hands, to a certain extent, are the issues of life and death as regards this city. By granting us proper sanitary ordinances many deaths could be averted. There would be fewer heart-broken mothers, there would be fewer funeral

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marches to the city of the dead. Members of the board of aldermen should join the physicians of Austin and the board of health in their unselfish and philanthropic battle against disease and death. We are fighting strenuously and faithfully to rob death of its victory and promote the health and happiness of every home in our beloved city.

DR. YBARRA'S ARTICLE ON YELLOW FEVER.—It would seem late in the day to question the rôle of the mosquito in the spread of yellow fever, for it is almost universally admitted that the mosquito is the *only known* factor in its dissemination. But that there may be and doubtless are other methods of its spread as yet unknown or unsuspected is highly probable. Many experienced yellow fever physicians have seen first cases occur under circumstances which seemed to preclude the possibility of mosquito agency. I have often related my own observations and cited such cases. Professor Bemis, in Zeimsen's *System of Medicine,* recounts such cases; Dr. Carter, of the M. H. S., relates similar cases, citing especially the cases at Clinton, Miss., the year that yellow fever spread from the dengue epidemic at Ocean Springs, Miss. (1899), to Edwards, thence to towns in the interior. The literature of the subject is full of them. These observations long puzzled the profession, and an "atmospheric condition of infection" was hypothecated and accepted, "fomites," carriers of infection, until the discovery of the fact that the *stegomyia* is the intermediary host. Then all other idea of how the disease is spread was rashly abandoned, and precautions against the deadly *steg. fasc.,* or, more recently, the *steg. callopus,* alone are taken.

Dr. Ybarra's observations, which are published herewith, a valuable contribution to the record, bear out my (and his) contention that there my be other means of spread as yet unknown, and that cases of yellow fever *may* occur quite independently of the mosquito. While the experiments of Read, Carroll and Agramonte, so often detailed in the medical press, abundantly prove that yellow fever soiled garments and bedding will not communicate the disease *by contact,* and even the swallowing of black vomit does not infect, it has not been proved that the feces, urine and vomit do not contain the infective principle, and that it *may be* communicated by the filth-loving stable fly, for instance, an insect equipped for stinging. May he not inoculate a person with the poison sucked, say, from yellow fever feces, as it is believed that he may and does inoculate with the typhoid or the diphtheria bacillus?

We do not know all about yellow fever yet, or of anything, in fact. It is a very recent discovery that a person who had typhoid fever and recovered years ago may be a carrier of the infection still, and may infect whole families years after having himself recovered. The case of the Vienese bakeress, related by Metchinkoff (Harbin Lectures), and the cases more recently observed and reported by Stiles, in Washington, are illustrations.

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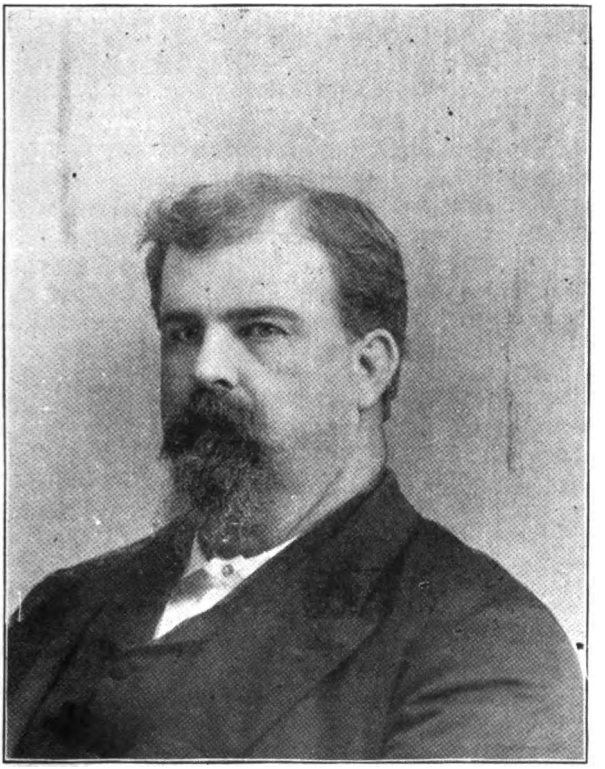
The wise physician called to deal with yellow fever will, therefore, take precautions against a spread of the disease other than screening the room. The excreta should be promptly destroyed, and none but immunes should be permitted to come in touch with the patient. I commend Dr. Ybarra's paper to the thoughtful consideration of my readers. I think dengue and yellow fever are degrees of *the same disease*, the former modified in some way as yet unknown. Precautions should be taken against dengue the same as against yellow fever.



DEATH OF Dr. F. R. MARTIN.

Our esteemed colleague and beloved friend of many years, Dr. F. R. Martin, of Kyle, died in Austin, Wednesday, September 18 (ult.), aged 62. The remains were interred at his home, Kyle, Texas. Dr. Martin was born in Copiah county, Miss., and practiced medicine there prior to his removal to Texas in 1875. All who knew him loved him, and "none named him but to praise." Pure in heart, gentle as a woman, as courageous as a lion, he was

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a splendid type of the ethical physician, and his death will be mourned by a wide circle of attached friends. Nearly two years ago he lost his oldest son, Dr. Chaille Martin, of the A. & M. College, and it literally broke his heart. Shortly afterwards he suffered an apoplexy, from the effects of which he never fully recovered. I append a brief biographical sketch. I knew him well and loved him.

He was a man of unusual ability and imposing appearance. He was born near Hazelhurst, Miss., reared on a plantation, educated at the best private and public schools, and graduated in medicine from Tulane University, New Orleans, in 1873. He located at Elgin in 1875, where he resided nine years, during which he married, January 14, 1877, Miss Mary A. Davis, of Bastrop county. He removed later to Kyle, where he resided twenty-three years, honored and respected by all who knew him. He was distinctly a leading physician, having served as physician of the Houston and Texas Central railroad and practiced widely. He was one of the oldest members of the Texas Medical Association and a charter member of the Austin District Medical Association, of which he was some time president. He was also a contributor to the medical publications to which he furnished some most acceptable papers.

Dr. Martin is survived by his wife, two sons and five daughters, who are highly esteemed in the community.

THERE OCCURRED two or more rather exasperating typographical errors in our September number, for which I want to apologize; one was "*montes parturient*" for "*montes parturiunt*," the other "delapidated" for "dilapidated." Give me credit for knowing how to spell, at least, and blame the erorrs on the blamed hot weather.

JOURNALISTIC COURTESY (?), THE SQUARE DEAL (?) IN TEXAS.—The *State Journal of Medicine* solicits the advertisements of a proprietary *not* endorsed by the great Council of Pharmacy, and disparages the *Red Back*, the *Medical News* and the *Courier Record*. I don't believe that Dr. Chase wrote this thing, for it is false, or knew or approved of it. I clip it from the *American Medical Journalist* for September. Four-fifths of my subscribers are members of the State Medical Association and many of them have been subscribers over twenty years. Please see my advertising patronage, notwithstanding this anonymous blackhander, whose libel the *State Journal of Medicine* publishes.

THE WAY TO HELP AGAINST NOSTRUMS.

The following under the above caption from the *Texas State Journal of Medicine*, affords a "living picture" of a fashion in which, among others, palpitating "proprietors" are intimidated and coerced by professional "black-handers":

"One of our readers sends a copy of a letter he writes concerns soliciting his interest in their pharmaceutcal products:

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"_____ *Pharmacal Company, St. Louis, Mo.*

"GENTLEMEN: Referring to your letter of the 11th inst., I fail to find Melachol among the remedies submitted to and approved by the Council on Pharmacy and Chemistry. There is no reason why a company which does not make exaggerated claims, which gives proper formulæ and which does not exploit its preparations to the laity should not receive the sanction of said council and be by it recommended to us. In no other way known to me at present can the profession be certain of the remedies which it uses.

If you desire to introduce Melachol throughout Texas, I beg to advise you that this will be the proper course to pursue. *There is but one practical way to reach the State medical profession of Texas, and that is through the State Medical Journal,* which does not receive *new* advertising which has not been approved by the Council, and this *Journal* receives the support of 60 per cent of all the legalized practitioners and 90 per cent of the reputable and active men of the State.

Assuring you of my best wishes, I beg to remain,

Yours very truly,

_____"

As will be noted, independent medical journals are regarded by the *Texas State Journal's* correspondent as already exterminated and, obviously, the *Texas Medical Journal,* of Austin, *Texas Medical News,* of Dallas, and *Texas Courier-Record of Medicine,* of Fort Worth, can no longer regard themselves as of any account as a legitimate and practical means of reaching the *State* medical profession of Texas—outside of which, of course (from the same correspondent's point of view) nothing in the shape of a legitimate practitioner of medicine any longer exists. As goes without saying, what is meant by a "legitimate practioner of medicine" implies only the "union-label" variety of the "organized profession," as indicated by the "Red Cross Button" of the A. M. A. *O tempore! O mores!—American Medical Journalist,* September, 1907.

Do we understand that "the way to help against nostrums" is to get them to advertise in the *State Journal of Medicine?* It reads that way.

Editorialets.

TEXAS PHYSICIANS are urged to attend the Hot Springs meeting of the Southwestern Medical Association, October 7, 8 and 9. Those who desire to go should at once write Dr. Bacon Saunders, at Fort Worth, or Dr. E. H. Cary, Dallas, who will secure sleepers for them. Rosser is president. He will make a fine address, you may be sure, and a splendid program has been prepared.

THE MEDICAL ASSOCIATION of the Southwest will hold its annual meeting at Hot Springs, Ark., October 8, 9, 10, inst., Dr. F. H. Clark, El Reno, Okla., Secretary. A splendid program is pre-

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pared. "Our own" Dr. C. M. Rosser (Dallas), is President. Go. Special rates.

Dr. Geo. R. Tabor, the distinguished Texas sanitarian and late State Health Officer and Surgeon General of Texas, has removed to Dallas, Texas, and entered the general practice.

The Manor Sanitarium.—A commodious and well furnished and equipped building, with ample grounds and attractive surroundings, is offered for lease or sale. Correspondence solicited.

A. K. Anderson,
Jno. E. Hill,
John E. Sellstrom,
For Executive Board.

Manor, Travis County, Texas.

Dr. Robert Dinwiddie has been appointed by the mayor of San Antonio bacteriologist to the local Board of Health.

Dr. J. B. Shelmire, of Dallas, the well known and very popular dermatologist, attended as delegate the recent International Congress on Dermatology, in New York, and remaining over several weeks took a special course in his specialty.

Dr. Thos. R. Pettway, Austin, Texas, has been appointed by the Governor physician to the deaf-mute State institute.

Communications.

The American International Congress on Tuberculosis.

A meeting of the Council of the Congress was held on August 27, 1907, at the New York Press Club, 120 Nassau street, with a very full representation.

Dr. Matthew M. Smith, the Secretary of the Congress, late of Austin, but now of Dallas, Texas, was present and represented Dr. Irion, President of the Congress and President of the State Board of Health of the State of Louisiana, who, he said, strongly favored a rousing meeting of the Congress June 1, 1908, in the city of Chicago.

Dr. Smith strongly favored the same action and spoke in favor of it.

Dr. Nicholas Senn, of Chicago, was elected to fill the vacancy in the Council, caused by the death of Dr. A. P. Grinnell. Mr. Clark Bell, who acted as Secretary of the Council and as

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proxy for Dr. A. C. Smith, President of the State Board of Health. of Oregon; Dr. N. K. Foster, Secretary of the State Board of Health of California, explained the deep interest felt in the work by both these gentlemen, who were unable to attend the session of the Council, but pledged their ardent and enthusiastic support to the Congress of June 1, 1908, at Chicago.

Mr. Bell also assured the Council of the warm aid and support of Dr. Morrow, late Secretary of the State Board of Health of Missouri; of Colonel S. L. Bean, of El Paso, Texas, for whom he also held proxies, and of the officers and Vice-Presidents, who were unable to be present at the Council meeting, two others of whom, Dr. Morrow, of Missouri, Dr. Thomas Bassett Keyes, of Chicago, and Dr. S. L. Bean, of El Paso, Texas, of their warm personal interest in the success of the Congress.

He made a memorial address in the life and career of Dr. A. P. Grinnell, as did Judge Wm. H. Francis, of New Jersey, a member of the Council.

The Council unanimously directed the executive officers to call a meeting of the body for June 1, 1908, at Chicago, and placed the local arrangements for the session in charge of a select committee composed of Surgeon General Nicholas Senn, M. D., Denslow Lewis, M. D., and Dr. Thomas Bassett Keyes, all of Chicago, with very full powers.

Dr. Juan J. De Ulloa, Consul General for Costa Rica, a member of the Council, who was present, was elected Secretary of the Congress for the Latin-speaking countries.

He was instructed to make an appeal to all the countries of the Western Hemisphere along the lines of the work of the body, followed in the Congress of 1906, held at the city of New York, soliicting the cordial support of men of all professions in those countries and bodies to aid and co-operate in the movement.

The Council unanimously instructed the President, Dr. Irion, of Louisiana, to make an appeal to the State and municipal boards of health to co-operate in the work of the Congress, and to contribute papers to the session. On the ways and means, the Council organized a committee to provide funds by appeals to all philanthropic and sympathetic persons to contribute financially to the expenses of the Congress, aiding in publishing the *Bulletin* of 1906, and meeting its past and future obligations.

The chairman named as that committee Dr. Juan J. De Ulloa, Chairman; Clark Bell, Esq., ex-Chairman Executive Committee, and Judge William H. Francis, of New Jersey.

Action was taken to organize a strong executive committee and the other committees to make, if possible, a still more successful meeting than that of the Congress of 1906, and to interest all those who desire the success of the Congress; also to interest the Governors of States not now identified with its work, State and other societies and organizations, legal, medical, scientific or fraternal to unite in the work in which men and women of all professions should be invited and encouraged to unite and co-operate.

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A list of the officers of the Congress will be sent out with its appeal and the literature of the Congress, and members were asked to apply for the Bulletin of the New York Congress of 1906, now nearly completed and containing more than 200 pages of printed matter to the *Medico-Legal Journal,* or any of the officers of the society.

Mr. Bell authorized the Council in aid of the work to announce that Volume 25 of the *Medico-Legal Journal* would be sent half-price to all officers and delegates to the present Congress or the next, if paid for in advance.

The Council adjourned subject to the call of the chairman of the council.

HAHNEMANN MEDICAL COLLEGE OF THE PACIFIC
SACRAMENTO AND MAPLE STREETS
Office of Dean
DR. JAMES W. WARD
1380 SUTTER STREET

SAN FRANCISCO, CAL., September 17, 1907.

Texas Medical Journal, Austin, Texas.

GENTLEMEN: Your most valuable journal comes to the College Library regularly. It seems to me that your thoughtfulness is worthy of our most cordial thanks, and I further say that it has been of great value to the student body. I sincerely hope that you may profit by the influence cast before the students, and I am sure they have been reading its pages thoroughly.

Very sincerely yours,

DR. JAMES W. WARD.

NEW YORK, September 12, 1907.

Editor Texas Medical Journal.

DEAR SIR: We received a request from the Ways and Means Committee of the National Association of Retail Druggists to subscribe to the fund for the entertainment of the members of the N. A. R. D. at its forthcoming convention in the city of Chicago. In view of previous experience, it occurred to us to take steps to ascertain to what extent that "community of interest" expressly implied and naturally anticipated did actually prevail. We, therefore, caused prescriptions in which essence of pepsin, Fairchild's, was plainly specified, to be sent to the following mentioned drug stores: I. M. Light, 143 E. 35th St.; Herman Lieberman, 528 So. Halsted St.; J. S. Link, 649 W. 21st St.; C. P. Girten, 7100 Harvard Ave.; H. J. Holthoefer, N. W. cor. State and 32d Sts.; John J. Boehm, 748 So. Halsted St.; William W. Klore, 2354 State St.; William P. Knoche, N. E. cor. 61st and Halsted Sts.; Moyen Bros. (Geo. and F. W. Moyen), 1595 Milwaukee Ave, cor. Armitage.

Each vial so dispensed was upon receipt immediately sealed in its original wrapper and delivered to us, with complete data in

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for correcting Hyperacid conditions—local or systemic.
Vehicle for Salicylates, Iodides, Balsams, etc.

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Compound.
TONIC AND RE-CONSTRUCTIVE.
WHEAT PHOSPHATES, WITH MURIATE OF QUININE AND STRYCHNINE.

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PHILLIPS' SYRUP OF WHEAT PHOSPHATES.
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The Key

to the only sane medical treatment of all those forms of dyspepsia associated with a deficient gastric juice and an enfeebled gastro-intestinal musculature, is found in such remedies as tend, by their stimulative action on the digestive glands and muscles, to re-establish their normal physiological activity.

Colden's Liquid Beef Tonic exerts a specific action on the entire digestive tract. It restores the appetite, increases the quantity and quality of the gastric juice, and normalizes the motility of the gastro-intestinal muscles. Write for sample and literature. Sold by all druggists.

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115-117 FULTON STREET, NEW YORK

every detail from the writing to the dispensing and sealing of the prescription. Upon examination, the fluid dispensed by each of these druggists was found to be a substitute—some preparation not made by us and not Fairchild's essence.

These substitutes were unlike in composition; they were of varying degrees of inferiority *and some practically worthless* for the purpose for which Fairchild's essence of pepsin is esteemed and employed.

There is one significant fact that should also be mentioned, and that is that the price at which the substitutes were sold is that charged the patient by pharmacists who dispense Fairchild's essence of pepsin when it is ordered.

We, therefore, bring these facts to your attention, again stating our intention to fight against substitution and for a "square deal."

Very truly yours,

FAIRCHILD BROS. & FOSTER.

[And the *Red Back* is enlisted for "endurin' the war." Cut out the dispensing druggist and dispense your own drugs. Carry a case like the homo's do.]

Abstracts and Selections.

CASTRATION IN INDIANA.—Dr. H. C. Sharp, physician to the Indiana State Reformatory, at Jeffersonville, Ind., has advised the *Clinique* that the following bill, to which attention was called editorially last May, has been passed and is a statute of the State of Indiana:

A bill for an act entitled "An Act to prevent procreation of confirmed criminals, idiots, imbeciles and rapists; providing that superintendents and boards of managers of institutions where such persons are confined shall have the authority and are empowered to appoint a committee of experts, consisting of two (2) physicians, to examine into the mental condition of such inmates."

Whereas, Heredity plays a most important part in the transmission of crime, idiocy and imbecility;

Therefore, Be it enacted by the General Assembly of the State of Indiana, that on and after the passage of this act it shall be compulsory for each and every institution in the State entrusted with the care of confirmed criminals, idiots, rapists and imbeciles, to appoint upon its staff, in addition to the regular institutional physician, two (2) skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If, in the judgment of this committee of experts and the board of managers, procreation is inadvisable and there is no probability of improvement of the mental condition of the inmate, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest

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Sol. Anti-Phthisis (Lloyd) has passed the experimental stage and is now being prescribed by several hundred physicians.

Literature, Formula and a three-ounce sample bottle will be sent you free, prepaid, for each patient you have suffering from Tuberculosis.

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ST. LOUIS, MISSOURI

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and most effective. But this operation shall not be performed except in cases that have been pronounced unimprovable, provided, that in no case shall the consultation fee be more than three dollars ($3) to each expert, to be paid out of the funds appropriated for the maintenance of such institution.—*The Clinique,* Chicago.

Indiana got ahead of Texas that time. A bill for the benefit of the rapist passed the Texas House last session unanimously, and would have passed the Senate had it been reached. It died on the calendar. She goes—next session.

The Exceeding Importance of a Clear Understanding of the Vasomotors and the Utilization of Their Function to Get Best Therapeutic Results.

BY W. C. ABBOTT, M. D., CHICAGO, ILL.

Whatever may be the anatomical structure that affords the phenomena we term vasomotor, it is certain that perturbations of vasomotor equilibrium form the earliest evidences of disease in the vast majority of maladies. So delicate is the adjustment of the governing apparatus that the first evidence of approaching disease is almost invariably to be displayed in alterations in the vascular tension of some or other area. Let this be due to the advent of an invading swarm of bacteria, or to the presence of a chemic irritant in the blood conveyed to the part, the first response to any abnormal irritation is to be seen in an alteration of the caliber of some part of the circulatory tract; in fact, such a change is usually requisite for the production of pathological lesions that are recognizable by microscopic investigation.

In venules, arterioles or capillaries, or in all three, we have first either a condition of spasm by which the vessels are contracted and the blood is forced out into the general circulation, or a state of paresis, the vessels dilated and containing more than the normal quantity of blood which leaks into the area of low pressure from the general circulatory reservoir. Here commences the anatomy of disease—and that frightfully neglected process, the physiology of disease. Too much attention and too much importance have been given to the dead tissues, too little to the aberrations from normality displayed by the still living organs and acting functions. It is with living, functionating tissues that we have to deal; with pathological processes while still active, in bodies not yet devitalized, and not with the final end-results of these processes in bodies that have succumbed. If a patient is still alive today, he should have enough vitality to keep him living for a succession of tomor-

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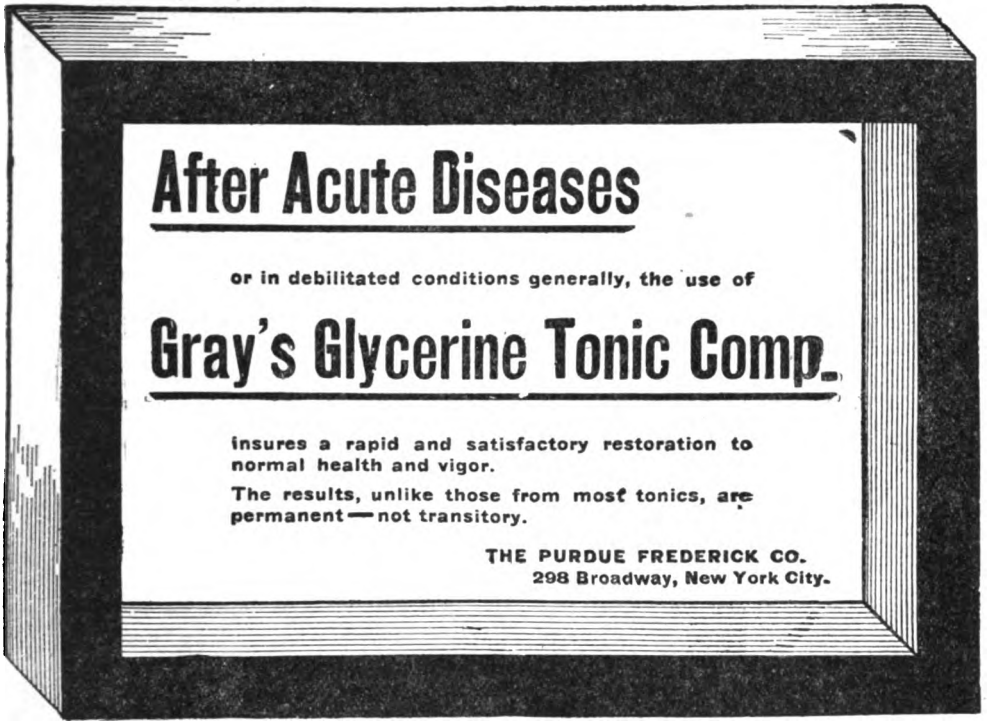
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The PERSONAL CLAIMS of a manufacturer may be regarded as PARTISAN, but when a manufacturer makes no claims for his product, contenting himself with presenting the consensus of opinion of thousands of physicians, his statements merit consideration and his product deserves investigation from those members of the profession who have not used it.

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rows, provided we can successfully cope with his malady and prevent its making further progress. We may, then, take up the question of eradicating the malady, which is another matter.

The physician who accustoms himself to study the conditions presented by the vasomotors soon learns to detect the earlier perturbations, to recognize local "jangles," and to apply his remedies before the difficulty has progressed beyond the simple disorder of tonicity-excess or deficiency. It may not be easy to give a nosological designation to these cases, and the physician may have his own opinion as to whether in dissipating the disease and restoring circulatory equilibrium he has aborted a pneumonia or jugulated any other affection; but he knows that just such cases let alone do develop into maladies that can, without the slightest difficulty, be recognized and classified, and that in their fully developed forms may really verify the pessimistic dictum—there is no treatment that cures.

How many diseases of the body politic could be cured in their incipiency by a little, a very little common sense? How many destructive wars could have been checked at the outset if only the principals had had a little more mutual consideration? How many floods could have been prevented had there but been a boy along to stop the beginning crevasse in the levee with a chunk of sod? Even the case of tetanus or of rabies might have been jugulated by a prompt excision of the virulent microbic colony at the start, to say nothing of the ease with which most acute affections may be jugulated. Innumerable similar instances could be adduced showing the efficacy of well-placed intervention at the beginning of morbid processes.

It will be objected that this treatment of a symptom is unscientific, in that it does not strike at the cause of the illness, but is aimed at a result, and a superficial one at that. This is another of those illogical jumpings at conclusions without warrant which we have so often cited. How do you know the treatment that removes a symptom does not remove its cause? Is it not *prima facie* evidence that it does so when the results disappear? Take any symptom-complex that presents itself, it evidently depends on some pathological aberration, but just what we are, in the vast majority of cases, unable to say. But whatever it may be, it is a fair inference that the treatment that restores to health, or that causes the disappearance of that symptom must remove the cause—otherwise, if the cause is still active, why does not the symptom remain? This, of course, does not apply to the

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smothering of pain by morphine or of fever by cold, although there are not wanting those who claim actual curative action from these measures, and we admit the possibility.

There is a certain degree of fetich worship in regard to this "cause" of disease. A dagger inserted in the heart causes a wound—removal of the dagger hardly cures it. A swarm of micro-organisms descends on a toxic patch of tissue in the lungs—removal of the intruders does not necessarily leave the lung intact. There is a failure to distinguish between the original cause of a malady and the results of that malady. Each demands treatment; each responds in a different manner to therapy. How long we bungled over cases of cerebral syphilis before we appreciated its truth, and learned that we must intervene as quickly and as powerfully as possible in order to prevent damage to the delicate tissues which not all the mercury out of Spain could restore! Remove the cause of disease, to be sure; treat the cause whenever you find it still acting, but don't limit your therapeutic activity to that one method or argue that there is no room for any other indication.

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It is the all but universal presence of vasomotor disequilibrium in the whole wide field of clinical medicine that compels such constant reference to the four great vasomotor remedies in the practice of our art—aconitin, veratrin, digitalin, and strychnin. These, singly or combined, form an essential part of the therapy of so many cases of so many maladies that they, above all other remedies, are constantly mentioned in my work. That the causal indication is not neglected is shown by the interminable injunction to first clear the bowels and disinfect them, and to keep doing so, since observation has shown with what frequency the absorption of toxins from the alimentary canal coincides with the occurrence of disease in limited areas where the vital resistance is presumably lowest.

Whether autoinfection occasions disease directly from chemical action or, by still further lowering resistance, opens the door to invading microbes makes little difference—the indication for establishing intestinal exosmosis is similarly almost universal. The man who appreciates the importance of these two pathological principles, the fact of autotoxemia and the constant presence of vasomotor instability, has a broad foundation on which to build his practice. To this he can at every step add something—he never has to unlearn these two lessons. Making these the basis, never neglecting them in any case, we find that every patient displays indications for something more, but never with a frequency comparable with that of these two.

We constantly find the necessity of referring back to the newer works on physiology, and we glean every scrap of pathological information we can find, for we can not afford to be ignorant of a single fact that may explain our cases. So also we must possess hundreds of remedial agents, although nine-tenths of our work may be done with a score. But it is in the remaining tenth that we find the greatest pleasures of the practice of medicine, when by the exhibition of some definite active principle that has not been needed for years we meet an indication that has not presented in that period, but for which we have had the remedy waiting.

I beg my readers to pardon me for the importunity with which I beseech them to consider these truths. I can not help it; I do so want them to know of these exquisitely differentiated remedies that I can not help being urgent. And, knowing these things so well, how important they are for the profession and for suffering humanity, when I find that one does not really know there is a difference between hyoscine and atropine I am ready to lie down and die.—*Medical Record*, Nov. 10, 1906.

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Books and Magazines.

A Text-Book on Uric Acid and Its Congeners, with Special Reference to Its Physical and Chemical Properties, Its Metabolism and Accumulation in the Organism, Together with the Disease Processes Arising Therefrom and Their Etiological Therapy. For Medical Students and Practitioners. By George Abner Gilbert, M. D. First edition, 1907: Danbury Medical Printing Co., Danbury, Connecticut, U. S. A.

This is a cloth bound book, fully indexed, and contains about 300 pages. It retails for $3. The author has for many years made a special study of the uric acid subject, and has embodied in this work the results of his investigations. Nowhere in the English language, not excepting even Haig's voluminous work, has this special field been so thoroughly tilled and yielded so rich a crop of physiological and therapeutic facts of importance to the physician. The work is tinctured throughout with new and original ideas concerning the pathogenesis of many disorders, and the subject matter is presented in such form that the veriest tyro may read and understand. Not only is this volume the latest publication on the subject of uric acid; but, for the use of the general practitioner, the best that we have seen. We do not hesitate to recommend it to every physician who is, or who is not, interested in the subject of uric acid.

Five Hundred Surgical Suggestions.—Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B. S., M. D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief *American Journal of Surgery*, and Eli Moschcowitz, A. B., M. D., Assistant Physician Mount Sinai Hospital Dispensary, New York; Associate Editor *American Journal of Surgery*. Second Series. Duodecimo; 125 pages. New York: Surgery Publishing Co., 92 William St., 1907. Price, $1.

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions"—have been reprinted again and again by medical journals all over the country.

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five hundred paragraphs of which is a separate and useful bit of practical knowledge.

HUMAN ANATOMY, INCLUDING STRUCTURE AND DEVELOPMENT AND PRACTICAL CONSIDERATIONS. By Thomas Dwight, M. D., LL. D., Parkman Professor of Anatomy in Harvard University; J. Playfair McMurrich, Ph. D., Professor of Anatomy in the University of Michigan; Carl A. Hamann, M. D., Professor of Anatomy in Western Reserve University; Geo. A. Piersol, M. D., Sc. D., Professor of Anatomy in the University of Pennsylvania; J. William White, M. D., Ph. D., LL. D.; John Rhea Barton, Professor of Surgery in the University of Pennsylvania, with seventeen hundred and thirty-four illustrations, of which fifteen hundred and twenty-two are original, and largely from dissections by John C. Heisler, M. D., Professor of Anatomy in the Medico-Chirurgical College. Edited by Geo. A. Piersol. Philadelphia and London, 1907. J. B. Lippincott Company. Cloth, 2050 pages. Price, $7.50.

This is a magnificent production. It is anatomy rewritten and reillustrated,—not a copy of Gray, which for fifty years has been the foundation of all books on the subject. It is about perfection,

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both as a text-book and a specimen of the bookmaker's art. That it will have a tremendous sale, and supplant all other anatomies for a half century is certain; there is no room for improvement in any respect. It should be of unusual interest to Americans, because it is the first entirely American anatomy in both text and illustrations. We feel that it marks an important event in American medicine and medical publishing.

It is entirely original in its descriptive matter, its arrangement and its illustrations, for which original dissections were made throughout. It is, consequently, the first all-American anatomy, and, we believe, destined to be a monument to the American medical profession and American publishing. It is doubtful if any work heretofore has had expended upon it the amount of labor and money involved in its production. We cordially commend it.

D.

Publisher's Department.

Antiphlogistine Versus Opium.

Inflamed states of the various organs of the body frequently give rise to pain of such urgent character as to demand active steps looking to its relief. Upon seeing the patient for the first time (he has called his physician because his suffering has become intolerable), the medical attendant is met with a peremptory demand for relief from the suffering.

With a willingness, which frequently overrides their better judgment, some physicians resort to the hypodermic needle indiscriminately, and, in too many cases, a greater evil has followed the lesser one. The free habit of using morphine or some other form of opium is not a judicious practice, and for several reasons. The exact seat of an inflammation, for instance, might become difficult to locate, and thus a clear diagnosis interfered with. But the greater objection to the use of opium is the possibility of adding a recruit to the ever-growing army of habitues.

Every time there occurs to a doctor the apparent need for opium he should deliberate well before resort is had to the needle. If, after careful consideration, his best judgment advises the use of opium, it should be given in some form by mouth. If the needle is used the patient at once knows what he is getting, but he is not so likely to acquire this information if it be given otherwise.

For relieving the pain of the inflammation Antiphlogistine will easily take the place of opium. The relief following may not be so prompt and so complete, but the edge of the suffering is taken off within a short time, and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from

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pain by it, will begin eating or using Antiphlogistine in any other way—which likelihood is the greatest disadvantage of opium.

In the future let your morphine become stale, and keep your Antiphlogistine fresh—use it in inflammation.—*The Medical Era.*

The Greatest of Anesthetics.

We are living in an age of advancement in medicine as well as in all departments of life, and he who does not hustle today will wake up tomorrow morning looking into space and wondering where his neighbors are who were with him yesterday.

I have been very much interested in Dr. Abbott's recently discovered hypnotic anesthetic, i. e., hyoscine, morphine and cactin comp. I have used it in a number of operative cases with very satisfactory results. The anesthesia was perfect, except in two cases where, in addition, I used a very small amount of chloroform, which completed the anesthesia.

I had none of the postoperative nausea which we so much dread following other anesthetics. In one case of weak heart, where I could not use chloroform, the heart's action seemed to improve while under the influence of this hyoscine, morphine and cactin anesthetic.

For about two years prior to using the H-M-C anesthetic I had been using hyoscine and morphine as a hypnotic and analgelsic, with such excellent results that I felt that I was not properly equipped without hyoscine and morphine tablets in my hypodermatic case, but had never thought of its ever becoming an anesthetic.

I feel that the medical fraternity is under great obligations to Dr. Abbott for the discovery and careful preparation of this much-needed and greatest of anesthetics, that is proving such a boon to suffering humanity.

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The Anemias of Childhood.

The anemias of early life are usually sequels of the acute diseases common to this period. The exanthemata are especially liable to be followed by a depreciation of blood quality, and a protracted convalescence often depends on this one condition alone. Moreover, the frequency with which physical stigmata or infirmaties actually date from an attack of measles, scarlet fever, diphtheria or any of the other similar diseases of childhood, can often be properly laid at the door of insufficient or improper care during the very important stage of convalescence from these diseases.

It should be recognized that the hematogenic function, while exceedingly active in childhood, is yet very susceptible to all in-

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hibitory influences, among which the toxins generated in the course of the acute diseases are most common. When a storm infection of measles, scarlet fever or any of these similar ailments is passed, there must follow a period of reconstruction. If the damage has been slight as a result of a light storm or an unusually strong structure, the reconstructive process places little demand on the resources of the individual. But if the storm has been unusually severe, and the structure ill-prepared to meet its fury, the rebuilding process is certain to be long and laborious. Deficiency in the quality of the blood is one of the greatest handicaps at this time, and the clinician should recognize this as one of the most important indications for therapeutic assistance.

The action of Pepto-Mangan (Gude) is always very marked in these cases, and it is interesting to note how rapidly children respond to its upbuilding influence. A marked increase in hemoglobin at once follows its use and the red cells multiply rapidly. With improvement in the blood constituents there is a corresponding increase in the whole bodily tone, and it only takes a few days to carry the average patient safely away from the dangers of a trying period.

Pepto-Mangan (Gude) is, therefore, a very valuable tonic in childhood, and unlike so many of the ordinary hematinics it can

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be given with impunity to the youngest infant. It has marked alterative properties, and in strumous or marasmic conditions it is especially valuable. It is absorbed rapidly, and is never rejected by even the weakest stomach.

In early life its administration is best effected by giving it in milk, and the dose should range from ten drops to two teaspoonfuls, depending, of course, on the age of the patient.

TYPHOID FEVER AND MODERN TREATMENT.—Good elimination should be maintained from every gland and emunctory, writes W. T. Marrs, of Peoria Heights, Ill. Every secretion should be aroused and made to do its best. Calomel in small doses is one of our best remedies. Salines are nearly always indicated. Abbott's saline laxative is pleasanter and better than crude salts. He has observed that if the bowels act not less than twice daily, the course and severity of the disease is modified. The old idea that in typhoid the bowels should be kept confined for a few days at a time is now looked upon as having been an untenable theory. The more debris and toxines are eliminated, the less will the disease be compelled to oxidize by the process of fever. The more water the patient drinks, the more are poisons eliminated or diluted, thus lessening their absorption. In case of hyperpyrexia, give a colonic flushing and the high temperature usually comes down a degree or two. The sulphocarbolates (W-A Intestinal Antiseptics) should be given to neutralize remaining foci of infection? Patients treated along this line seldom require the cold bath. Tepid spongings at frequent intervals usually serve a better purpose than the bath of low temperature.—*Merck's Archives.*

DR. STEPHEN F. STRICKLER, of Boggstown, Indiana, favorably comments on the action of Cactina Pillets as follows: "I have used Cactina Pillets for ten years and can say they are more to be relied on than most anything in medicine that I use. They surely must be made of the drug gathered at the most favorable time of the year, because the Cactus you buy on the market is not reliable." Cactina Pillets have been on the market for twenty years, and testimony of this kind has been heaped upon it by the medical profession. It is being employed with benefit in functional, cardaic and circulatory disturbances and exhibits no cumulative action.

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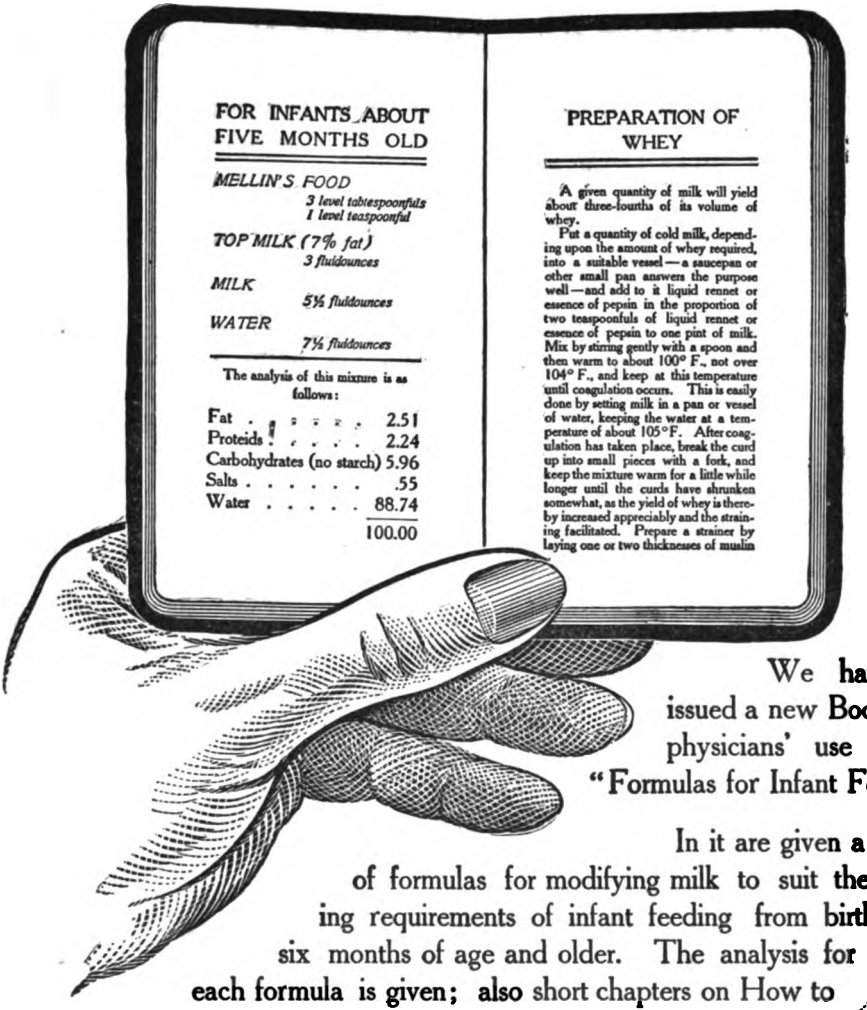
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VOL. XXIII. AUSTIN, NOVEMBER, 1907. No. 5.

The publisher is not responsible for the views of contributors.

For the Texas Medical Journal.

The Moralities of Medicine.*

Mr. President, Ladies and Gentlemen:

In the exercise of a brief authority, conferred, perhaps, by undue partiality one year ago, I have the honor to speak upon this occasion for the medical men of Missouri, Kansas, Arkansas, Oklahoma and Texas; but, complimentary as was your courtesy, important as is the opportunity, and appreciative as must be the distinction, I promise that in what I may say as your retiring first president, I shall endeavor to be neither technical nor tedious.

Men must ever meditate upon demonstrations of genius, and in this way they marvel not more because of discoveries and improvements thereto, than at their long delay, and now after a second successful session of this Medical Association of the Southwest, Topeka, St. Louis, Hot Springs, Dallas, Oklahoma and other thoughtful cities in the progressive States of our prescribed territory must give to Kansas City a creative credit in this connection, which merits historic record as we pass toward a fulfillment of the prophecies accompanying the original proposition to organize. It is due also to say that the primary thought was the product and projection of the well-reputed Academy of Medicine, which has long reflected credit upon Kansas City, and that the motive for the movement was endorsed by that body at an annual banquet and in the hearing of the then president of the American Medical Association, who personally gave his approval to the ideas as advanced. Visits were then made to the societies of the several States

*An address by Dr. Charles M. Rosser, Dallas, Texas, retiring President Medical Association of the Southwest, Hot Springs meeting, October 10, 1907.

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of the Southwest, and committees secured by their appointment, which jointly inaugurated a provisional organization shortly afterwards. This only preceded a permanent establishment from which has developed the work of today. At the time now referred to a merger was made with the Southwestern Tri-State Society (Texas, Indian Territory and Oklahoma) upon terms of mutual satisfaction and agreement, the latter forming a tangible nucleus for immediate action, and I think it not inappropriate to remark upon the sentimental sacrifice involved in allowing the original organization to lose its individual identity.

This has been a year of interest and anxiety, as we have day by day approached a time, when, if at all, the existence of the Institution was to be justified and its future usefulness assured. Those conversant could hardly doubt either affirmation, since our purposes and plans have been in conformity to those of like patriotism, and upon lines approved by the test of human experience. Having no concern with matters of legislation, and broadly beyond any friction of locality, it occupies a position midway between the organizations of the States and Nations with those necessary burdens by giving time only to the social and the scientific. In as much as there is everywhere a harmony with the cherished principles maintained by the American Medical Association, and as there is no conflict in either creed or constitution, we shall assume a prerogative to proceed individually in the sense of determining details that are essential to our local conditions and have no reasonable doubt of a complete and proper recognition on the part of the national body when our committee shall have had opportunity to present our cause and claims.

This society has an especial mission, and it is imperative. To it is entrusted the duty of doing for the profession and people of our geographical relationship that which no other agency can perform, viz., the dissemination of medical knowledge, and that of the most definite and modern character, until all that is of value to any of us shall be available to each of us whether located in the crowded city or upon the crossroads of our common country.

The American Medical Association, meeting as it does ordinarily in the North and East, is only accessible to those of our remote, though vast and populous territory, after the expenditure of much time and specific expense, and its splendid program attracting to its sections so many thousand men, it is impossible to only a small minority of those who go to have part in its proceedings, and to become working factors in its progress.

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A miniature American Medical Association in our midst may for us accomplish in the South and West what has been observed in the North and East, and, while it will be well for all who may to make the sacrifice required for attendance upon the national gatherings, yet in any and all events this society, whether recognized as an auxiliary or left alone to its own direction, will live and grow as it works out its splendid destiny. Its ideal result will be reached when the medical men of the Southwest shall be able as they should to meet the duties growing out of our professional responsibilities,—responsibilities which attach to citizenship and those higher obligations which are imposed by the delicate and delightful relations which the doctor is permitted to sustain toward his fellowman. In his preparation for these, the study and the practice of medicine presents superior forces for enhancement of natural endowments and stimulation of philosophic sentiments suitable to a medical atmosphere.

Contrary to a popular notion and to interpretations by mediocre or meaner men, the ethics of the profession is neither ridiculous nor restrictive, the efforts of mediocre or meaner men to so interpret notwithstanding.

Is it mechanics that are of interest? Study the anatomy of man, the acknowledged masterpiece, and his physiology, which exhibits more minutely than any other organism in activity a delicate dependency of component parts.

Would we volunteer in defense of the public health against a myriad hidden foes? Consult the microscope for their discovery and isolation and by laboratory methods learn their plans of propagation and habits of attack.

Are we speculative or philosophic? Trace by faithful finger the pathological process from first cause of disorder to termination of disease, having along the way an exercise for all capacities whether for prophecy in judgment or courageous skill in meeting conditions.

In giving to the mother the smile of her firstborn, or bending over the couch of death when mortal man gives up the struggle, the entire gamut of sentiment may play upon the human heartstrings in harmonies attuned to hope's bright hour, or subdued by sympathy to the silence of despair.

As a matter of mutual congratulation and concern, I shall affirm that a dictum of social economy which requires "Much in return when much is given" lays tribute upon the doctor for a higher order of intellectual conception, of adaptability and civic useful-

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ness, than in due ratio should be taxed against individuals of any other class. The apparent arrogance of this assumption disappears after a review of the distinctive principles which separately underlie the several comparable callings in which men of similar temperament and kindred primary training may agreeably engage.

In this connection we may mention academic instruction, business, legal pursuits, and that diviner science which relates to a Christian life of faith and future.

Each of these are ennobling in their nature and indispensable to the welfare of the world, and yet educational systems are evolved and understood; commerce is conducted upon rather accurately adjusted rules applicable to its varied complexities; the law, statutory and of recent record, interpreted by courts and decided by juries can not be a mental gymnasium, and theology is amply founded upon inspiration and revelation, the verities of which are proclaimed in a universe of things about us and by the inner consciousness of all God's creatures so endowed.

All these operating as they do under conditions with more or less fixed fundamentals and of appropriate dogmatism in most matters of doctrine, students need not enter that labyrinthian search for truth to which the devotee to medical science is apprenticed for a life work in advance.

Recognizing no authorities other than individual judgment, and clinging to no criterion, it rewrites its ritual upon the page of last experience, a method to meet every menace to the body constitution influenced by the varying latitudes, the yearly seasons, and even the changing winds.

A mind so profoundly employed should early abdicate, or, persevering, measure to a mental grasp when finding its purposes imperative, can presuppose no impossibility and will regard no result as miraculous, although the thought of it rested wholly in desire.

The medical profession is unique in other respects. In holding as a first duty the prevention of disease, it unselfishly seeks to render its offices for which pecuniary charge is made less often necessary and, therefore, its graver duties of not so much demand.

In its written code against the employment of secret remedies it declares for the freest distribution of ideas and discoveries, whether in materia medica or methods, thus denying to its individual members the peculiar financial benefits which ordinarily obtain for inventors and ingenious men engaged in other lines of labor.

Charity has from its hand more service of that kind which in-

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volves personal sacrifice, individual inconvenience with incident pecuniary loss than it claims from all other sources combined, and, without respect to creed or color, situation or condition, humanity at large must ever look to those legitimately engaged in the healing art for a medical and surgical advice and service for which there can be no substitute.

The profession stands singly again in the light of the fact that it is the only institution or agency which gives practical assent to the sacredness of human life.

Does commerce, compelling as it does its appalling hazard to artisan and operator, recognize the sacredness of human life? If so, why the almost prohibitory rates required by insurance companies against disability and death on account of the unsafe occupations of those who extend civilized conditions by exploration, who construct or are brought in contact with undisputed elements of danger to limb and life as a part of their employment?

The law does not recognize the sacredness of human life and may not in respect to public policy, also legislators would repeal enactments providing for capital punishment, even in cases of capital crime.

Governments, while conscripting its citizens for military duty or maintaining standing armies upon land and sea at a beggar's price, do not recognize the sacredness of human life; but, on the contrary, propose it as a policy that for political injury or even diplomatic infraction, the result final shall be a test of man's ability to destroy his fellowman, an awful arbitrament which can only be abolished through a universal and, I fear an impossible, international peace.

The scriptural authority which gave as an award "an eye for an eye and a tooth for a tooth," and declares that "whoso sheddeth man's blood by man shall his blood be shed," denies to a religion, the most forceful of all factors for successful civilization, its belief in the *absolute* sacredness of human life, thus leaving to the science and art of medicine alone the supremest human championship known from creation to this good hour.

For whether as in morgue and laboratory the basis of the science is given its firmer foundation, in the hut of destitution, in the mansions where live the men of millions, or in hospitals and sanitaria, the call is for advice and skill, professional endeavor is ever the same,—to prevent disease, to lessen suffering and to stay man's entrance toward eternity! And the glory of the profession is not so much in its men of brilliant mark as in the character and quali-

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fications of the rank and file, not more in the advanced learning of its leaders than in the promptness and uniformity with which scientific discoveries and clinical observations become common property for the service of the suffering sick wherever found.

With a knowledge of responsibilities of such serious import, and possibilities so far-reaching and obligatory, the profession stands with uncovered head, but with heart that is proudly brave. Humbled in the presence of its stupendous task, yet standing in the light for the good of all it may gain and give, it leads no clandestine life, but meets its duties daily with unfaltering faithfulness—a universal friend.

In a notable address by Lord Salisbury he told the aristocracy of England that they were the keepers of the public conscience and trustees to the wealth and knowledge of the nation to be held in trust for succeeding generations. This theory proposes that there is more wisdom and patriotism in the judgment of the few than in the heads and the hearts of the many. In medicine there are no lords nor Houses of Lords, no monarchs or monasteries, no aristocracy, save that of intellect, no dignitaries nor diplomates, but every man at once a servant and a king.

For the Texas Medical Journal.

Hyperemesis Gravidarum.

W. T. MARRS, M. D., PEORIA, ILLINOIS.

This is the scientific term to cover the obstinate vomiting of pregnancy. This troublesome, if not to say dangerous condition usually depends upon three factors of causation. These are reflex, toxemic and neurotic. It has been the experience of the writer to observe that the first named is a concomitant of early gestation, while the second occurs more often toward the middle of pregnancy. The neurotic type quite often complicates the other two, and may occur at any time. The neurotic element is more marked in cases of primipara. The writer recently saw a nulliparous woman who in the supposed second month of pregnancy suffered from the reflex type. During three weeks not even water was retained on the stomach and the slight renal excretion was maintained from enemas. The woman was removed to a hospital and all remedial and mechanical measures were vainly tried in the hope of getting the pernicious vomiting under control. As the woman's vitality was fast ebbing away from inanition and the exhaustion of vomit-

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ing, we determined, after deliberate counsel, to empty the uterus. This was done by moderate mechanical dilatation and tamponage. The vomiting ceased, and the woman soon became convalescent.

These cases are trying indeed, for the physician is puzzled to form an opinion as to the prognosis, whether he treats the patient on the expectant plan or whether he decides to terminate the pregnancy. In either event the case may go wrong. If radical treatment is to be resorted to, it should not be delayed too long and competent counsel should be secured early. It is well to divide the praise or blame in these cases with at least two other reputable medical men. If the trouble has progressed into the weeks and the pharmacopeia has offered no relief; if nutrient and saline enemas are unavailing and the urine shows an excess of toxines, it is time to get the opinion of other medical men. Before determining upon emptying the uterus it is well, especially in all cases in which there is a reflex element, to paint the cervix with iodine and carbolic acid and to try to correct any malposition that might be present. If all measures fail and the woman's vital powers are failing it is then the duty of the physician to terminate the gestation and give her a chance for her life.

For the Texas Medical Journal.

The Treatment of Pneumonia.

W. T. MARRS, M. D., PEORIA, ILLINOIS.

At this season of the year pneumonia articles are as thick as snow birds. Many of these are excellent, while of quite a number it may be said, like that of the serum treatment, that they are "harmless." Perhaps a few of the ideas promulgated on the subject of pneumonia treatment are capable of harm, as, for example, that of paralyzing the victim with hundred grain doses of quinine every so often. It is the consensus of medical opinion that heroic treatment is often indicated in the congestive stage of the disease, but that just referred to is going the limit.

Pneumonia is a systemic disease, with its strongest local manifestation in the lung tissue. The etiological factors are many and varied. Breathing vitiated air, exposure to dampness and general debility are fruitful causes in all ages and sexes. The absorption of toxines from the alimentary canal is a factor, if not a direct cause in nearly all cases. Too often this route for the elimination of toxic matter does not get the consideration that its importance

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demands. Secretion and cellular activity in general in all stages of this disease are very much below par and the phagocytic action of the blood is in a great measure overwhelmed. The bowels, liver, skin and every emunctory is dulled, if not entirely off duty. If such a condition is found, I think it is one of the few indications for big doses of calomel, say five or ten grains, until ten or twenty grains are administered. After that small doses of calomel and podophyllin should be given to maintain secretory action, one-sixth grain of each being usually all that is required. Salines are indicated throughout, for they act upon the mucous and serous coats of the intestines in a way that nothing else does. Dr. Abbott's laxative acts very nicely and has no unpleasant or nauseating effect. In case of old people who have a relaxed condition of the intestines with obstinate constipation, it is well to give an occasional colonic irrigation. In such cases antiseptics in the way of the sulphocarbolates sterilize the remaining fecal matter and thus prevent the absorption of poisons. After the patient has been made as comfortable as possible the first consideration, then, should be to keep the alimentary canal reasonably clean and sterile, with special attention also directed toward stimulation of the hepatic function.

Aconite is generally agreed to be the best circulatory sedative in the early stages of this disease, the amorphous aconitine in small doses being at present a favorite with many practitioners. It relieves nerve tension and unlocks the secretions and very strongly favors dermal elimination. Clinically atropine in small doses has a synergistic action to the aconitine, as the former causes a peripheral flow of blood, thus relieving in some measure the congested centers. Minute doses of hyoscine assist these remedies on account of its sedation, and it does not check secretion as does morphine and its congeners. The old-fashioned Dover's powder was quite generally used in pneumonia a few years ago, and many rural physicians still use it. There are yet in use many drugs that are more objectionable than Dover's powder, while we have some that should be employed in preference to it. If the patient suffers much pain codeine will be indicated. The phosphate given hypodermically in from one-half to one grain doses acts very nicely.

Carbonate of ammonia was given extensively for pneumonia several years ago, as it was thought to liquify the sputa and favor fluidity of the blood. It is a good respiratory stimulant, but is no longer used to the extent that it once was. Emetine and apomorphine are good expectorants and the writer has also employed to good advantage the old-time tartar emetic. Cough syrups would

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better be generally omitted. Strychnine and alcohol are our best remedies at the crisis of the disease. The arsenate of strychnine will greatly aid the patient during the convalescent stage.

In the young and rugged veratrine may be used instead of aconitine in the congestive stage along with digitaline. Unless there is a special indication for it, I do not employ strychnine at this stage of the disease.

Nothing has been said about local applications. The efficacy of the mustard plaster can not be questioned, not so much for its local effect, but because of its salutary sedative action upon certain nerve centers. Heavy and sloppy applications are harmful. In cases of delayed resolution I have blistered with the cantharidal paste and have obtained gratifying results therefrom. As to the modus operandi of its therapeusis, I am unable to say, but the test of a remedy is in the clinical results from it.

For the Texas Medical Journal.

President's Address, Central Texas District Medical Society, Section on Obstetrics and Gynecology.*

W. L. CROSTHWAITE, M. D., HOLLAND, TEXAS.

Let me preface my address with an apology for whatever of incongruity of thought or force of diction in this brief address is discoverable by the light of more forcible reasoning than I am at this time capable of, having so recently undergone an operation for acute suppurative mastoiditis.

The field of medical research is constantly broadening and each day some valuable and practicable truth is revealed, thus constantly enriching our store of scientific knowledge. To casually mention all that has been done in the departments of obstetrics and gynecology during the past year would seem tedious and uninteresting. I shall not attempt a review of the great advancements we have made, but rather add one thought, and that in the form of a criticism. In all our material progress in the science of obstetrics and gynecology we have devoted seemingly more attention to effects than we have to causes.

The art of operative surgery has rapidly sped to perfection, our knowledge of bacteria and opsonins is almost perfect, the science of disease has been made plain through the tireless efforts of our

*Read at the recent meeting of Central Texas District Medical Society at Temple, Texas.

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pathologists. Likewise the science of applied therapeutics has advanced far beyond the stage of empiricisms and experimental medicine. In short, we have made such progress in every department of medicine and surgery that we may with becoming grace boast of it, but shall we be satisfied until every possibility of preventative medicine has been thoroughly investigated and until prophylaxis becomes a practical and universally applied science.

Prophylaxis in obstetrical practice should begin early. I mean that the family physician should be the guide of the child from infancy through the various stages of life to womanhood. The health of the young girl should be carefully guarded with the view of preserving the integrity of her sexual and reproductive functions. Many of the complications of pregnancy and many of causes of gynecological conditions have their origin in the indiscretions in mode of life, manner of dress and environments of early life. The factitiousness of our modern society has been productive of a race of women with marked constitutional predispositions to many if not all of the pathological conditions usually classed as "diseases peculiar to their sex," thus affording a constantly broadening field for the gynecologist and, as well, an increasing load of trouble for the obstetrician.

There can be no question as to who is to blame for such conditions. The mothers can not in all cases properly instruct their daughters because they themselves have not been properly instructed. They can not properly guard their daughters through the trying period of adolescence because of their lack of knowledge of the vital laws of hygiene and of their misconception of the psychological manifestations and physiological phenomenon of the girl, maiden and woman. The work of redeeming womankind from that state of hereditary invalidism to which they are speedily drifting must belong and be accomplished not by the physician in the capacity of surgeon, gynecologist or obstetrician, but by the physician in the rôle of the "good old family doctor," who does not think it beneath his dignity to talk heart to heart with mothers, imparting through them to their daughters such knowledge as is essential to normal development and perfect health.

Passing from the speculative to the practical part of our subject, I want to urge that it is the duty of obstetricians to educate the laity up to that point where it will be thought absolutely imperative for every pregnant woman to be placed under the care of her physician as soon as conception is known to have taken place. This is the inherent right of every woman and the duty

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of every family physician to insist that she have that right. For a careful attention to prophylaxis on the part of the obstetrician is of the greatest value in anticipating and warding off the dangerous complications of the pregnant, parturient and puerperal state, and in preventing the many subsequent disabilities of a gynecological nature.

I do not mean that we should regard or lead our patients to consider the pregnant state as a condition of chronic invalidism. This mistake, perhaps, is too often made, thus leading to neglected exercise and proper nourishment. Normal pregnancies are physiological processes, but the obstetrician who has carefully studied his cases will insist, and rightly, too, that many pregnancies are pathological in their nature.

The woman during the period of physiological pregnancy should have proper advice as to diet, exercise, fresh air, clothing, care of skin and breasts and time and amount of rest and sleep, her physician should carefully look after the condition of her mental condition, alimentary and urinary tract. The woman during a period of pathological pregnancy must have the constant attention of her physician. This is obvious when we consider the varied pathology which it may not be amiss to mention, beginning with (1) diseases of the deciduæ, and following the classification of Edgar we find no less than twenty-seven classes of pathological pregnancy with from two to twenty-four subdivisions under each class. Diseases of the chorion; anomalies of the amnion, the umbilicus and the chord; deformities, antenatal disease and death of the fetus; diseases of the genital organs, of the alimentary tract, of the urinary tract and of the nervous, respiratory, circulatory and osseous systems; infectious and skin disease; ectopic gestation; abortion; fever of pregnancy, and the toxemias of pregnancy, are the most common.

It is not the intention of this paper to deal with any of these conditions in detail, but rather to emphasize the first thought and that it is to direct our efforts more in the future toward detecting and eliminating causes than towards attempting to heal or alleviate effects.

Let our greatest and most zealous work be along the lines of preventative medicine.

If a patient presents himself with a painless cellulitis of the finger or hand, it is necessary to make a careful examination for the possible presence of syringomyelia.—*American Journal of Surgery.*

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Urinary Ailments: Therapeutics.

BY W. C. ABBOTT, M. D., CHICAGO, ILL.

Urinary retention from chill, subinflammatory, is relieved by aconitine a granule gr. 1-134 every one or two hours till the pulse softens or relief ensues.

Retention or incontinence, or both, in the aged is relieved by strychnine, any salt, gr. 1-134 to 1-30 every two to four hours until normal tone of pulse is attained.

Frequent and involuntary micturation and the dribbling of women are helped by small doses of cantharidin, gr. 1-5000 every hour till slight vesicle irritation.

The retention that occurs during the progress of spinal maladies is benefited by ext. cannabis indica, gr. 1-6 every one to three hours.

Sudden suppression from cold, damp, scarlatina, etc., is benefited by digitalin, gr. 1-67 every hour till the secretion is restored or pulse is tense enough.

Catarrhal irritation, retention or incontinence, irritable stricture or gleety debility, are relieved by barosmin, a grain every one to four hours.

For alkaline or phosphatic urine give acid benzoic, gr. 1-6 every hour, which is far better than larger and less frequent dosage.

For spasmodic strictures, and to prevent chill or fever after passing urethral instruments, give aconitine, gr. 1-134 every half hour to two hours.

For any catarrh of the urinary apparatus give cubebin in very small doses, repeated every hour or two and continued for rather long periods.

For alkaline urine give one of the mineral acids, preferably phosphoric, in small and oft-repeated doses.

Weight sensations in the perineum, dragging on the testicles, difficult or lagging urination and strangury, are relieved by senecin, a grain every two to four hours.

All catarrhal urinary maladies are best relieved and most surely cured by arbutin, gr. 1 daily in divided doses.

Even the terrible cystitides of gonorrheal infection are cured by arbutin, which may be required in doses up to 30 grains a day, continued for months.

Urinary inflammations and suppurations totally incurable by

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any other remedies are cured by arbutin, but it requires more patience than surgery.

Relaxed states of the urinary mucosa are remedied by berberine, which should be given in doses up to one to seven grains a day for one to three months.

Hemorrhagic urinary maladies are benefited by hydrastine, gr. 1-67 to 1-12 seven times a day; a slow-acting but sure hemostatic here.

All vesic irritations are relieved by hyoscine hydrobromate, gr. 1-1000 every half hour till effect or drowsiness supervenes.

Spasmodic affections of the urinary ways are most speedily relieved by atropine or hyoscyamine, gr. 1-500 every half hour till the mouth begins to feel dry.

Very small doses of rhus tox. stimulate the vitality of the urinary tissues and this may be needed to set up curative processes.

For the tendency to eject urine when coughing, sometimes pestering women, give atropine enough to decidedly dry the mouth, and rhus to irritative effect following.

The treatment of many vesic irritations should begin in the stomach, duodenum, liver or rectum; or with the diet and other personal habits.

When we think of the gonorrheal miseries we mistreated before we had arbutin, we haven't any conceit left in us.

There is no reason for relying so exclusively on arbutin as to neglect saturation with calyx sulphurate in gonorrheal maladies.

Cocaine and similar remedies applied to the surface of the glans decidedly relieve irritations of the bladder without the trouble and danger of irrigations.

Hematurias may require for permanent cure either erigeron or eucalyptus oil in doses of gr. 1-5 every four to eight hours—a powerful remedy for bad cases only.

Must we remark that the removal of any removable cause of irritation should precede any treatment directed against the irritation itself?

When we see a vesical irritation that operation and drainage failed to relieve get well under arbutin, we begin to doubt if there is no treatment except surgery.

Sudden marked rise of temperature a few days after an operation for appendicitis, especially if attended by chills, may mean thrombosis of the portal vein or multiple abscesses of the liver.—*American Journal of Surgery.*

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Excerpts From Address by Dr. Solomon Solis-Cohen, Philadelphia, Pa.

For the last few years pharmacists and physicians, working hand in hand, have set themselves to change some of their mutual errors and mistakes of the past. It lies not in the mouth of the physician to reproach the pharmacist, nor in the mouth of the pharmacist to reproach the physician. We have erred mutually, we have erred together, and we are determined to redeem ourselves together. The mere trade in patent medicines, in frauds and fakes, the deceits of all kinds, need not concern us. There are crimes outside of the ranks of medicine and outside of the ranks of pharmacy and we are not starting off on a general reform expedition. There are other organizations and other agencies for that purpose, but the movement to make the drugs—whether the product of the manufacturing houses or the product of the individual pharmacist—which are dispensed over the counter, upon our prescriptions, what they purport to be is one in which you and we have a common interest, and in which our patients have the greatest interest of all. I recognize and you recognize—we must recognize—that in the general progress of science and the general advance of discovery, and the general progress of the arts of manufacturing and preparation of crude pharmaceutics there is abundant room for large manufacturing houses which devote themselves to specialties of various kinds.

MANUFACTURING PHARMACY.

For example, how can the individual pharmacist undertake to prepare and supply the great group of animal extracts and serums, which now have such a large part in the therapeutics of today? And so, even with various galenicals, alkaloids and the like. There are many things which the retail pharmacist can not do as well as that establishment which possesses the proper facilities and which is thoroughly organized to do well on a large scale what can only be done imperfectly on a small scale. We all recognize that, and the American Medical Association has taken steps, individual physicians have taken steps, to place themselves in proper relation with the great manufacturing houses, which are a credit to American Pharmacy and to American business. We want to have the most cordial relations with them, so that these firms may be encouraged to prepare and offer to us for the benefit of our patients the best and purest and most definite pharmaceutical products. And yet, after all, there is a place, and there must be a place always for the individual pharmacist—the retail druggist, call him by whatever name you please; for the individual who practices as a scientific man the profession of pharmacy.

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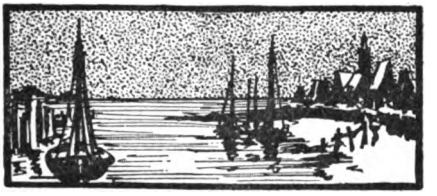

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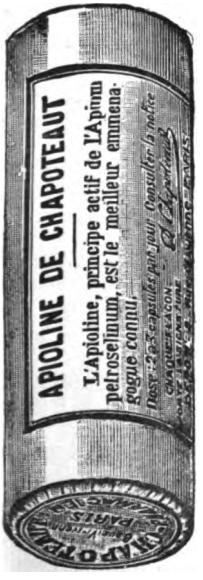

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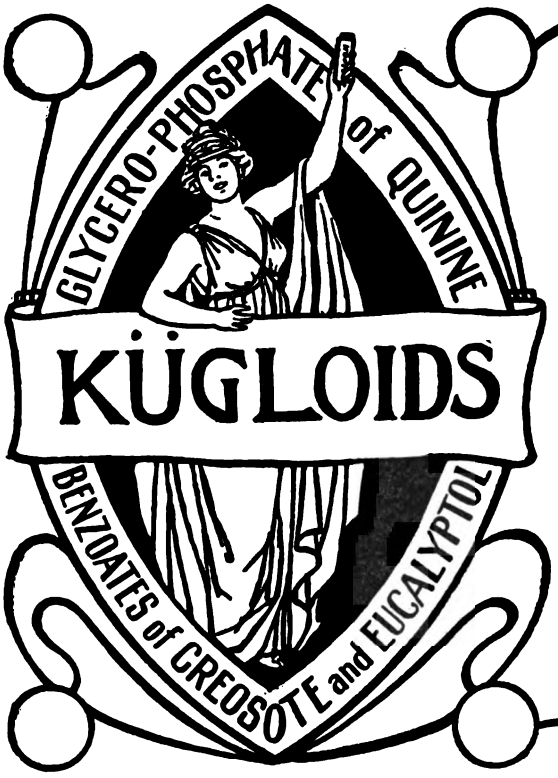

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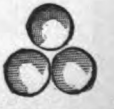

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EDITORIAL DEPARTMENT.

FIRST FRUITS OF "UNIFICATION."

The Degradation of Medicine the Shame of Texas.

Oh, the Pity of It!

At the urgent and most persistent solicitation of the Committee on Legislation, and after a battle of many days duration, the Thirtieth Legislature passed the now notorious One Board Bill, a bill to regulate the practice of medicine and *suppress quackery.*

This committee consisted of the President of the Texas State Medical Association (ex-officio Chairman); the Secretary of the State Association and editor of the Association's *Journal* (also ex-officio); Dr. Cantrell, now President of the Association, and two other gentlemen.

While the bill was in the Legislature a number of zealous members, thoroughly in sympathy with the "new dispensation" idea, and the proselyting propaganda for "unifying the profession," leveling all distinctions in medicine,—a movement originating with the Octopus, launched from Chicago, and pushed by Walking Delegate McCormack, attended the sessions and lobbied manfully for the bill,—a bill recognizing all the pathies, even the Osteos.

The committee invited the irregulars to join them in the effort to get a bill which they felt cocksure would *suppress quackery.*

Well, they got it. They just would have it!

The Board is composed of five members of the State Association, two Homeos, two Eclectics, one Physio-Med., and one Osteopath.

It was feared that the Governor would veto the bill, and he was besieged by the legislative committee and their associates, and urged to sign it. He was assured that "everybody wanted it," so he told me, whereas the facts have developed that nobody wanted it except those who were instrumental in getting it. The mass of members of our State Association, through the House of Delegates, at Fort Worth, in April, 1906, repudiated it; the representatives of the Homeopathic "School" (Association) repudiated it; and the Osteopaths, I am informed, regret throwing away their opportunity of getting a separate Board.

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Well, we have the Board, a crazy-quilt, Joseph's coat mosaic, a *pot pourri* of fish, flesh and fowl and a sprinkling of red herring, and behold the consequences! Read this: We are suppressing quackery, all right.

(Advertisement.)

WHAT IS THE MATTER WITH YOU?

DR. IRA W. COLLINS, PHYSICIAN IN CHIEF A. T. STILL INFIRMARY, MEDICAL EXAMINER FOR THE STATE OF TEXAS.

From *The El Paso Herald,* October 12, 1907.

"Did you ever stop to think that the blood built up and made every part of you, and that if this blood stops circulating in any part of you because the nerves which force the blood to that part is congested at the spine, you have dead blood there, and you are sick. This nerve may have been overworked from taking some kind of drug, or some other poison into the system, or you may even have eaten too much, or taken some kind of a stimulant, such as pepper, tea, coffee or alcohol, and the nerve congested at the spine to rest itself, and the fluid of that joint became exhausted and dried and it could not restore itself. Now, there is no such thing as a remedy in the world. All that any drug can do to these nerves is to stimulate them, and exhaust what vitality they have or deaden them. Now, all you need to do is to have this nerve freed at the spine, and it will become as strong as it ever was, and as soon as this nerve can restore the circulation you have no more decaying blood, and you are well again. That is all there is to disease.

"Now, you must come soon enough and not wait until the spine has grown together and the organ entirely decayed, and you will surely get well, for it is being proven every day. You all know what happens to an egg when the hen is setting on it, and she leaves it too long; it begins to decay instead of chemically uniting and building up cell life. Now, it has not heat enough. Now, that is exactly what is taking place in your blood. It is decaying, and if this process takes place in the lungs, consumption results; in the eyes, you have various kinds of sore eyes; in the head, catarrh; in the throat, bronchial troubles; in the stomach, stomach trouble; in the kidneys, kidney trouble; in the liver, liver trouble; in the intestines, constipation and appendicitis; in glands around them, typhoid fever and other intestinal troubles; in muscles, rheumatism. When these congestions take place in the small of

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the back and hips, then this decaying blood causes various kinds of female troubles in ladies.

"Now, it is being proven every day that when an Osteopath frees these nerves, they force the circulation again, and build the patient up, and he is well again. But you must come soon enough

DR. IRA W. COLLINS.

for treatment, because if these organs have decayed until there is hardly anything left of them, you can never hope to be as strong again as you would have been, although the disease may still be arrested and cured. Now, do not put off coming until you have tried everything else, and it is entirely too late. GET BUSY. ATTEND TO IT RIGHT NOW."

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It is no use to say "I told you so." The *Texas Medical Journal* and its editor, backed by the real friends of the Association, have opposed this sort of thing twenty years; fought it off, sometimes, single-handed, but always with success, notably in Fort Worth in 1896 (see Transactions). But under the reorganization, the plan originating with and launched by the Octopus, whereby all the voting, all the power, is put in the hands of a House of Delegates (consisting of about two per cent of the membership), a House easily manipulated, if not packed,—it was impossible to head it off. The House gave the legislative committee full power, and they made a deal with the irregulars and insisted on affiliating with them. Well, the Governor appointed the Board—two ex-presidents and three members of the Regulars, two each of the Homeos and Eclectics and one Physio and one Osteo,—all representative men.

The young Osteopath gentleman whose advertisement I give a free insertion, I am told, is fairly representative of his class; yet when he uses his appointment to head his advertisement, to "turn an honest penny," and preaches a new kind of pathology,—"dried blood" and "dead nerves," and "decaying organs," the cause of all diseases—even thoee that afflict the "ladies"—our folks raise their hands in horror and surprise, and beseech the Governor to make him "behave himself."

The following I clip from the *Galveston News*:

"COMPLAIN OF MEDICAL EXAMINER.

"Special to *The News*.

"Austin, Texas, Oct. 18.—The Governor has received several complaints relative to advertising matter used by a member of the State Board of Medical Examiners.

"A copy of the *El Paso Herald* was received containing an advertisement of Dr. Ira W. Collins, Osteopath, and the doctor's picture in the center of it. Among other things there appears over the picture 'Medical Examiner for the State of Texas.'

"Dr. Collins is a member of the Board of Medical Examiners."

Was not such conduct to be expected? Did not our committee know that it is the nature and custom of these fellows to advertise? They surely knew what they were going up against when they took the Osteos to their embrace. And even should the Governor remove this gentleman and appoint another, what guarantee is there that he will not do likewise?

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But can the Governor remove him? I think not. There is nothing in the bill to give him power to do so. In advertising the "doctor" has violated no statute, nor is he amenable to the State Medical Association. The Osteos are not bound by our code, and the offender is out of reach of trial by court medical. The Governor must needs stand by his appointment, and the State Medical Association will just have to take its medicine. It is a case of Diomedeian necessity.

It was a most unfortunate mistake; misdirected zeal. I give my distinguished friends of the committee credit for honesty of purpose, but, being under the domination of the Octopus, run by an apostate Homeopath, they were simply misled. The pathies can never homologate with regular medicine. We have sacrificed pride, self-respect, all the noble traditions of our once proud profession and falsified its record for centuries for what? Medicine has been degraded, and its friends and the State of Texas shamed.

Really, I do not know whether "it is to laugh"—or to weep. The situation is as pitiful as it is ludicrous.

* * * * * * *

And this is the young gentleman who has been chosen to examine the graduates of our great University Medical College. He has been assigned to the chair of hygiene, which was a mistake. He should have been given pathology and physical diagnosis. By the by,—have the framers and friends of the bill ever reflected that it turns the drugless element loose, and removes all restrictions,—licensing those Osteopaths who pass examination to practice medicine in all its branches—with as well as without drugs, and that, too, without their ever having been examined in materia medica, therapeutics and the principles of practice? Verily, they have made a mess of "regulating the practice" and "suppressing quackery."

* * * * * * *

THE OCTOPUS AND OSTEOPATHY.—The Octopus conceived the unification idea, and launched the proselyting propaganda. Apostle McCormack preached it in the sanctum of regular medicine in every State, and the absorption of the irregulars by their advice,—including the Osteos, is now an accomplished fact; a kind of "benevolent assimilation." At the same time, the Octopus, to turn an honest penny, has published a book on its own account, showing the Osteopaths to be a good thing to let alone, and the *Journal A. M. A.* (the Octopus) is carrying this advertisement:

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"OSTEOPATHY.

"A JUDICIAL INQUIRY INTO ITS CLAIMS, OPINION OF JUDGE STERLING B. TONEY, OF KENTUCKY.

"This brochure declares the so-called 'osteopathic' method of healing to be nothing but a complete system of charlatanism, empiricism and quackery, calculated and designed to impose upon the credulous, superstitious and ignorant. Expert testimony shows that 'osteopathic treatment' as applied to many diseases is positively dangerous, inhuman and barbarous, and that such treatment, unless administered under the supervision and direction of a person learned and skilled in medicine, would be of no benefit to a patient, but, on the contrary, would do harm. This pamphlet proves that the whole 'secret' of osteopathy, in a nutshell, is manipulation—MASSAGE. To the physician who wishes to become familiar with the 'mysteries of osteopathy,' information derived from this pamphlet is invaluable.

"The decision here reported was subsequently reversed. This pamphlet is still circulated because of the information contained, which seems not to be obtainable elsewhere.

"Prices—Sent prepaid on receipt of 15c per copy, two for 25c; $6 per 100. Stamps accepted.

"American Medical Association Press, 103 Dearborn Ave., Chicago."

Oh, Consistency! Thy name is Octopus!

TEUCER SIMMONS FIRES FROM BEHIND THE SHIELD OF AJAX.—Screened and protected by the Board of Trustees and the self-constituted Council of Pharmacy,—the Power behind the Octopus,—the autocrat who pulls the string is case-mated, bomproof, not get-at-able. As in the days of the Inquisition,—anyone falling under the displeasure of the Power may be haled up, tried with closed doors, doomed and executed "without the benefit of clergy," without the privilege of reply or defense. Dr. Abbott, of the Alkaloidal Company, has been so treated—all but the execution, and has been denied the privilege of defense. It is a shame and an outrage, and had not the entire independent medical press submitted to an outrageous indignity at the hands of this Octopus in the matter of having the said journals denounced as "unclean" and excluded from the exhibition hall;—and had not the recalcitrant but now recidivous Coe, who was looked to to second the "Red Back's" protest and lead a revolt of the medical editors, joined

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in the "unanimous approval" of the Octopus management, I would be tempted, almost, to hope and say that the medical profession would not stand for such treatment, but would demand a square deal. They will stand for anything at the hands of the monster Octopus!

But Dr. Edwards, of the *Va. Med. Semi-Monthly,* tells the tale better than I can do, and I reproduce his editorial in full, and add my hearty endorsement of it. Here it is:

COUNCIL ON PHARMACY AND CHEMISTRY VERSUS ABBOTT ALKALOIDAL COMPANY.

"Fair play" is a demand of the times—in fact, it is inherent in the human breast. Let the "umpire" of a baseball team, or the "referee" of a football game make a biased decision, and he is jeered by the crowd of spectators. If a college professor is grossly unjust in his treatment of a student, the student body rises up in complaint. Not even the present, all-powerful American Medical Association, or those in charge of its affairs, can afford to be unjustly dictatorial in its ways without the risk of discord among its members, or even of disintegration of the Association itself.

It seems that some months ago the Council on Pharmacy and Chemistry criticised some of the preparations of the Abbott Alkaloidal Company. Dr. W. C. Abbott, who is a member of the Association, as also of the Alkaloidal Company, prepared and sent the *Journal A. M. A.* a reply to the criticisms, which that journal declined to publish—even as a paid advertisement. Such decision of those in charge of the *Journal* has forced Dr. Abbott to the necessity of issuing a circular in self-explanation at the expense of his firm, and which, of course, places him at great disadvantage.

The controversy, it would appear, grew out of publications by the Committee on Pharmacy and Chemistry concerning "Calcidin," the "hyoscine-morphine-cactin" compound and perhaps other preparations of the Abbott Alkaloidal Company. With reference to "Calcidin," which is an iodine compound, it is recognized that a chemical change goes on in it all the time, but the company claims that its therapeutic efficiency is not thereby materially affected, and refers to the continued professional demand for it, in support of their contention. It appears, further, that Dr. Abbott made a monetary offer for any one to help him to hold "Calcidin" to its original state as sent out from the laboratory. Dr. Abbott still further offered to show any member of the Council or any accredited representative thereof just exactly how the preparation is made.

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It is needless to go over the controversy between the Council and the Abbott Alkaloidal Company, about the "hyoscine-cactin-morphine compound tablets," for the history is much the same as that above about "Calcidin."

But the point of the whole matter is that if Dr. Abbott is a member of the Association, if he has added anything to pharmacy or to therapeutics by the introduction and popularization of products accepted and fully tested by the profession—and favorably tested also; if the preparations are not of secret composition, and have only the protection of proprietary rights; if he has offered to demonstrate before the Council or any of its authorized representatives the details of manufacture; if such preparations have, in his opinion, been officially wrongly criticised in the *Journal;* and if the *Journal* declined to publish any respectfully worded reply to such criticisms so vitally affecting his interests, then "it is time to kick." Who knows who will be the next victim? We insist upon "fair play," and we are sure that many other members of the American Medical Association throughout the United States will agree with us.—*Va. Med. Semi-Monthly, Oct.,* 1907.

Editorialets.

Dr. S. E. Hudson, of Austin, is taking a p.-g. course in Berlin.

And Georgia! And now Grayson county, Texas, has abolished the saloon.

Ethics of the "New Dispensation," *a la* Octopus: Strain at a "proprietary" and swallow an Osteopath.

Tainted Money.—Revenue from whisky license. Tainted with the blood of men and the tears of women and children.

Civilization Is Advancing.—Oklahoma, so recently an Indian nation, has a constitution in which prohibition is incorporated.

Opsonins and Bacterial Vaccines.—By Dr. E. M. Houghton, with directions for determining the opsonic index of the blood by Dr. E. C. L. Miller. This is a neat pamphlet reprint from the *Therapeutic Gazette* of January 15th and March 15th. A copy

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may be had upon request, naming the "Red Back." Send a postal card to Parke, Davis & Co., Detroit, Mich.

IT IS EXCEEDINGLY GRATIFYING to see the *American Journal of Clinical Medicine* come out strong editorially for the abolition of the accursed saloon.

DR. DANIEL: Congratulations on your October number. It is one of the best you have ever put out.

THE ABBOTT ALKALOIDAL CO.

THE SALOON, THE MODERN INFERNO.—"Who enters here leaves hope behind,"—and health and happiness and self-respect and fortune and friends, and fixes manacles upon his unborn children, dooming them to disease and sorrow and early death. The moderate drinker of today is the drunkard of tomorrow, and his children and their children fill the asylums and prisons.

THE MANOR SANITARIUM.—A commodious and well furnished and equipped building, with ample grounds and attractive surroundings, is offered for lease or sale. Correspondence solicited.

A. K. ANDERSON,
JNO. E. HILL,
JOHN E. SELLSTROM,
For Executive Board.

OF TWO EVILS CHOOSE—NEITHER.—The canteen or the low whisky dives that spring up around army posts? All the army officers say the canteen should be restored; that by reason of saloons accessible to the men insubordination, desertion, drunkenness and disease have increased. What's the matter with *abolishing the saloon*, as well as the canteen? True, the canteen is the lesser evil, but why should there be either? The *saloon must go*.

DR. JOSEPHINE KINGSLEY died at her home in San Antonio, Texas, October 14th (ult.), aged 63. Dr. Kingsley was a sister and associate in practice of Dr. B. F. Kingsley. This firm was amongst the most eminent, popular and distinguished in Texas, and Dr. Kingsley's death will be mourned by a wide circle of admiring and attached friends. It is a distinct loss to the profession and the State. Dr. Kingsley was eminent and distinguished no

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less in social circles, and was ever forward in charitable work. She was also a contributor at intervals to the current literature of medicine, and was the author of several valuable papers contributed to the State Medical Association and which grace the annual volumes of the Transactions.

A THING OF BEAUTY AND A JOY FOREVER.—I mean the Duplex phonograph. I have one and am simply delighted with it. It is perfection. It is a source of no end of pleasure and entertainment, and is very ornamental. Clear, soft or loud, at your will. It furnishes dance music in the parlor or band music for your gallery. The Duplex is not in the combine, and you save 70 per cent and get the *best in the market.* You will be asked $75 to $100 for a Victor or Columbia not near so large, showy or good as the Duplex, which is delivered free for $29.85, and you can try it a week before you pay a cent and get three records and three hundred needles free. Get one for Christmas for all the family, and take my word for it—they and you will be delighted. A postal card gets booklet free. Mention this.

Abstracts and Selections.

The Management of Convalescence.

In convalescence from acute diseases, such as pneumonia, typhoid fever, acute articular rheumatism, etc., we are face to face with the problem of restoring the weakened organism to its normal condition. *The blood shows a state of secondary anemia,* the nutrition is lowered, the nerve and muscular tone is below par; the appetite but sluggishly answers our urging, and the digestive powers feebly respond to the demands made upon them.

It is at the dawn of convalescence, when the danger of the illness itself has passed, when the desire to live, to get strong, is highest in the patient, that the physician's reputation often hangs in the balance. Having brought the patient through an illness, many physicians are unfortunately content to rest on their laurels, and to let long-suffering "nature" do the rest. The wise practitioner, however, knows that nature is grateful for the proper kind of aid in these circumstances,—aid in her efforts to lead a weak organism out of the bondage of illness.

And so, the far-seeing physician will look about in his armamentarium for a drug or a combination of drugs which will restore the blood, the nutrition, the digestion, the assimilation, the appetite,

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the weight, and the powers of resistance of the sufferer to normal, in the quickest possible time.

Fortunately, nature has provided two chemical elements, iron and manganese, which are as necessary to the system as life itself, and which, when given in the proper amounts and in the proper forms, will carry the patient through convalescence to health. In the delicate state of the digestion of a convalescent it is of the utmost importance that the forms of iron and manganese administered be such as to become absorbed and assimilated with the least disturbance of the gastro-intestinal organs. The old-fashioned inorganic preparations of iron which still figure in the pharmacopeias of various countries are totally unsuited for this purpose.

The scientific researches of Hamburger, Bunge, and others, conducted during the past twenty-five years have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as Pepto-Mangan (Gude) is the most readily absorbed, and, therefore, the most efficient preparation of iron-manganese known, and as such is used with the greatest benefit in convalescent anemias.

A point which is frequently lost sight of in considering the treatment of anemia is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hemoglobin of these cells.

Campani, an Italian savant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecanu and Lhéritier show that manganese forms a constant constituent of the hemoglobin molecule. Furthermore, Zaleski (*Zeitschr. f. physiol. Chemie,* 1904, page 449) showed that manganese enters the molecule of hemoglobin with the same readiness as does iron, and, therefore, it has the same direct blood-forming power as iron. But, perhaps the most important fact in connection with manganese, is that once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (*Boll. Scienc. Mediche,* Bologna, June, 1905).

A consideration of the above facts will convince any unbiased physician that the preparation known as Pepto-Mangan (Gude)

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is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and manganese calculated to secure the highest possible bloodbuilding efficiency without in the least interfering with the digestive functions. On the contrary, Pepto-Mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-Mangan (Gude), therefore, offers in convalesence the surest, most agreeable and most prompt road to perfect health.

Deranged Uterine Function.

JAMES A. BLACK, M. D., MORGANZA, PA.

It is safe to say that to the average physician, who is confronted almost daily with the ordinary cases of suppressed and deranged uterine function, no other class of cases is so uniformly disappointing in results and yields so sparing a return for the care and time devoted to their conduct.

Patients suffering from disorders of this nature are usually drawn from the middle walk of life, and, by reason of the pressure of household duties or the performance of the daily tasks incidental to their vocation, are entirely unable, in the slightest degree, to assist, by proper rest or procedure, the action of the administered remedy.

Many of these patients, too, suffer in silence for months, and even when forced by the extremity of their sufferings to the physician, shrink from relating a complete history of their condition and absolutely refuse to submit to an examination. Authoritative medical teaching and experience unite in forcing upon the attendant a most pessimistic view of his efforts in behalf of these sufferers under such conditions.

It is in this class of practice, where almost everything depends upon the remedy alone, that a peculiarly aggravating condition of affairs exists. A very limited list of remedies of demonstrated value is presented for selection, and I believe I am not wide of the mark in saying that, in the hands of most practitioners no remedy or combination of remedies hitherto in general use has been productive of anything but disappointment.

Some time ago my attention was drawn to Ergoapiol (Smith) as a combination of value in the treatment of a great variety of uterine disorders. Its exhibition in several cases in my hands yielded such happy results that I have used it repeatedly in a considerable variety of conditions, and with such uniformly good results that I am confirmed in the opinion that its introduction to the profession marks an era in modern therapeutics. In the treatment of irregular menstruation and attendant conditions, I have found it superior to any other emmenagogue with which I am familiar, in the following particulars:

1. It is prompt and certain in its action.

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2. It is not nauseating and is not rejected by delicate stomachs.
3. It is absolutely innocuous.
4. It occasions no unpleasant after-effects.
5. It is convenient to dispense and administer.

The following clinical notes will afford a general idea of its action in a variety of cases:

CASE 1.—Mrs. — came to me presenting the following symptoms incident to a delayed menstruation: Persistent headache of a neuralgic character; dull, aching pain in limbs and lumbar region; cramp-like pains in abdomen, and considerable nausea. The menstrual period was overdue seven days, but as yet there was no appearance of flow. Her periods had always been occasions of intense suffering, but had never before been delayed. I began the use of Ergoapiol (Smith), with some misgiving, owing to the irritable condition of the stomach. One capsule every three hours was administered without any aggravation of the gastric distress. In twenty hours a normal menstruation was well under way; the flow was slightly increased over the observed on former occasions. The pains had subsided. Ergoapiol (Smith) was administered, one capsule three times a day, during the menstrual period, which terminated in five days. The patient was instructed to return for a quantity of the remedy several days before the next menstrual period. She did so, and following directions, took one capsule three times a day for three days before expected menstruation. She subsequently reported that during the period—lasting five days—there had been practically no pain, and the amount of flow was, as far as she could judge, normal.

CASE 2.—Miss —, aged 30, had been a sufferer for years with dysmenorrhea. For about three years had suffered with leucorrhea, particularly annoying after each menstrual period. Had undergone treatment at different times for the leucorrhea and dysmenorrhea, but had never experienced permanent benefit. She had been obliged to spend the couple of days of each period in bed. She consulted me about one week before her period. Examination revealed a purulent discharge oozing from os cervix and a rather large uterus. There was no displacement. She was put upon Ergoapiol (Smith), one capsule three times a day. The onset occurred one day earlier than expected and was attended with considerable pain. The patient was, however, able to attend to her usual duties, a state of affairs such as had not been experienced for some years. At the onset of the flow Ergoapiol (Smith) was administered, one capsule every two hours. The effect was astonishing. In eight hours the pains had well-nigh subsided and there was practically no discomfort, except some pain in back.

CASE 3.—Miss —, aged 21, had suffered for two years with irregular and painful menstruation. Had commenced to menstruate when 16, menses being very scanty, but regular and accompanied with but slight degree of suffering. Was never of a very robust physique, but in the main healthy. When about 19, considerable nervous trouble was inaugurated by grieving over a great bereavement, and the menses became more and more painful. The

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anguish became such a horror to her that she frequently resorted to morphine, partly to allay pain and partly to procure sleep. Fortunately, she had not as yet contracted the habit, but the tendency was undoubtedly in that direction. When first consulted by her, examination was not granted. Menses appearing shortly afterward, was called upon to afford relief. Flow was very scanty and clotted. There were sleeplessness, terrific headache, pain in back, constipation, etc. Ergoapiol (Smith) was administered, one capsule every three hours. Flow was considerably increased, there was a gradual lessening of all the suffering, and almost complete relief in twelve hours. This young woman has been placed upon Ergoapiol (Smith), one capsule twice daily for one week preceding appearance of menses, and has passed through several periods with very little suffering. An examination made recently showed a marked retroversion and very sensitive cervix. A properly applied supporter will doubtless work considerable benefit in her case, but it can not be disputed that the comparatively easy menstruations occurring recently, in spite of the displacement, were due entirely to Ergoapiol.

CASE 4.—Miss —, aged 18, had always been regular in menstruating. Could get no history of any previous disorder within patient's knowledge. Contracted a heavy cold about time of menstrual epoch, and was much alarmed by non-appearance of flow. Discomfort was not marked. Ergoapiol (Smith), one capsule three times a day, was prescribed. Reported later that flow was established in twenty-four hours after treatment was commenced. The delay in this case was about four days.

CASE 5.—Mrs. — consulted me, giving the following history: Three months previously had had a profuse uterine hemorrhage, occurring about the time of menstrual period. As she had for a number of years menstruated only at intervals of about six or seven weeks, the fact that menstruation had been suspended for six weeks before the date of trouble was not especially significant. The hemorrhage, which was at no time alarming, had continued for several days. Since that time there had been an almost constant wasting and at times a considerable flow. Her condition was practically invalid. Examination revealed a gaping os, a cervix exceedingly tender and abraded and a large uterus. Before resorting to curettement it seemed advisable to try other measures. Ergoapiol (Smith), one capsule every three hours, was prescribed. In about twenty-four hours there was a decided increase in the discharge, which consisted of clots and considerable debris. There were some pains of a cramp-like nature. The discharge began to grow less in about four days and ceased entirely in one week. There was a marked improvement in general condition. Local treatment entirely removed the tenderness and abraded condition of cervix. Ergoapiol (Smith) was administered several days before next menstrual period and resulted in a very satisfactory period. In this case it appears to me the remedy saved the patient the ordeal of curettement, acting as a prompt uterine stimulant. Her condition locally and generally has since steadily improved.

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UNEQUALED FOR DELICACY OF FLAVOR AND NUTRITIOUS PROPERTIES

PHILLIPS' DIGESTIBLE COCOA

"THE ONLY COCOA WITH A RICH CHOCOLATE FLAVOR"

A VALUABLE SUBSTITUTE FOR TEA AND COFFEE

Differing from other Cocoas, directions for preparation must be carefully followed, when an easily digested food beverage will result.

WHERE LIQUID NOURISHMENT IS IMPERATIVE

IT WILL BE FOUND

NOURISHING AND SUSTAINING

PHILLIPS' MILK OF MAGNESIA

PHILLIPS' COD LIVER OIL EMULSION

PHILLIPS' PHOSPHO-MURIATE OF QUININE

"Three teaspoonfuls of cod-liver oil will never be replaced by three teaspoonfuls of cream or other fat." — Dr. A. Jacobi, *Therapeutics of Infancy and Childhood.* *3d ed., p. 127.*

AS an addendum to Dr. Jacobi's statement, it can be affirmed with equal positiveness that three teaspoonfuls of Hydroleine—the pancreatized Emulsion of Cod-liver Oil—will never be replaced by three teaspoonfuls of the ordinary, mechanically-formed emulsions. If you doubt this statement a trial will convince you of its truth. Write for sample and literature.

Sold by all druggists.

THE CHARLES N. CRITTENTON CO., Sole Agents,
115-117 FULTON STREET, NEW YORK.

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Home-Made Buttermilk.

It is now within the power of every household to have an abundance of that refreshing and healthful summer (also winter) drink—buttermilk. To the present time no one knew of any source of buttermilk except from the butter maker; but nowadays the butter maker does his work so well that the buttermilk is entirely deprived of the delicious little grains of fat which add so much to its food qualities, as well as to taste. True buttermilk, made direct from fresh rich milk, within a few hours, of the finest flavor and taste, nutritious and more excellent than the articles as originally known can now be prepared in any kitchen. This is done by taking a quart of fresh, rich milk, adding a pinch of salt and about a half pint of hot water to raise the temperature to body heat, and lastly adding a tablet which contains a pure culture of lactic acid bacteria. Place all in a pitcher, cover with a napkin, and let stand for twenty to twenty-four hours at the ordinary temperature, and there is your perfect buttermilk. The tablets are made by Parke, Davis & Co., the pharmaceutical and chemical manufacturers of Detroit, Michigan, and are called "Lactone" or buttermilk tablets.

On the farm in the process of buttermaking the cream is allowed to sour spontaneously and is then churned. The souring is the lactic acid fermentation caused by lactic acid bacteria or ferments. The difference between the new and old process is one of method and not result. In the old, the lactic fermentation is waited for and expected to occur spontaneusly, with disappointment sometimes. In the new, the ferment in pure culture is directly planted in the milk, and the desired fermentation is secured without fail. In Bible days, spontaneous fermentation of dough was depended upon to leaven or lighten bread, and failure frequently attended the process, the dough putrefying instead of fermenting, and was then lost. Finally, man learned to add yeast to the dough and not to depend upon spontaneous processes, with the result of always securing the right fermentation and making a better and more nutritious bread. This new buttermilk process is a like improvement.—*Monthly Bulletin Indiana State Board of Health,* June, 1907.

The Pernicious Tendencies of Rampant Organization.

In a moment of impulse St. Paul questioned the veracity of all men. Had his observation extended to their judgment, there would have been little or no occasion for his later self-condemnation, for

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Reports from many Conservative Physicians give assurance that

TUBERCULOSIS

CAN BE SUCCESSFULLY TREATED WITH

SOL. ANTI-PHTHISIS (Lloyd)

Physicians who began prescribing it two years ago are continuing its use in the treatment of Pulmonary Tuberculosis.

Sol. Anti-Phthisis (Lloyd) has passed the experimental stage and is now being prescribed by several hundred physicians.

Literature, Formula and a three-ounce sample bottle will be sent you free, prepaid, for each patient you have suffering from Tuberculosis.

Mention the "Red Back"

J. Q. Lloyd Chemical Company

ST. LOUIS, MISSOURI

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—since Adam made the first great mistake—mankind has ever been led astray by the seductive voice of the promoter.

Especially is this true with reference to the medical fraternity, and the United States is just now witnessing the most ambitious and dangerous movement tending to the exploitation of a humanitarian profession that this or any other country has ever seen.

Not many years ago a few medical men—shrewd and calculating, with a proselytized practitioner as the dominant factor—laid the plans for a complete re-organization of the American Medical Association. With consummate skill of a certain kind, this reorganization was accomplished and, without realizing it, the medical men of the country have been brought to give to these organizers absolute power of dictation concerning all questions pertaining to the practice of medicine. No matter how rabid, radical, or nihilistic may be the views of these erstwhile leaders, they stand forth as accepted medical doctrine solely by virtue of their perfected system of organized control and promotion.

The result of this whole plan and process of organization has been to eliminate the individual member as a factor in the direction of the policies and business of the Association. Never was this so evident as at the recent June meeting of the A. M. A. at Atlantic City. Offices were bargained for and traded; combinations were effected, and numerous deals were completed.

But of the 3700 members present, out of a total Association membership not exceeding 28,000, less than 100 members were aware of the deals afoot, and less than 20 engineered them.

As was said by one prominent physician—a member of the Association for years, and known as one of the country's leading sanitarians—"This present method of organization is all wrong. We are all outsiders. I like to come to the meetings and, if not quite a factor, at least to know what is going on and who are the leading candidates for office. I want a chance to condemn or commend the policies that my annual fees help to support and propagate. In plain language, I want to be something more than a mere subscriber to the *Journal*." These setiments were not confined to one man. They were repeated again and again by members from coast to coast.

In opposition to this sort of sentiment the argument has been advanced that the business of the Association is expedited; that a greater volume can be transacted, and that the elimination of general discussion gives the members more opportunity for attending to scientific work!

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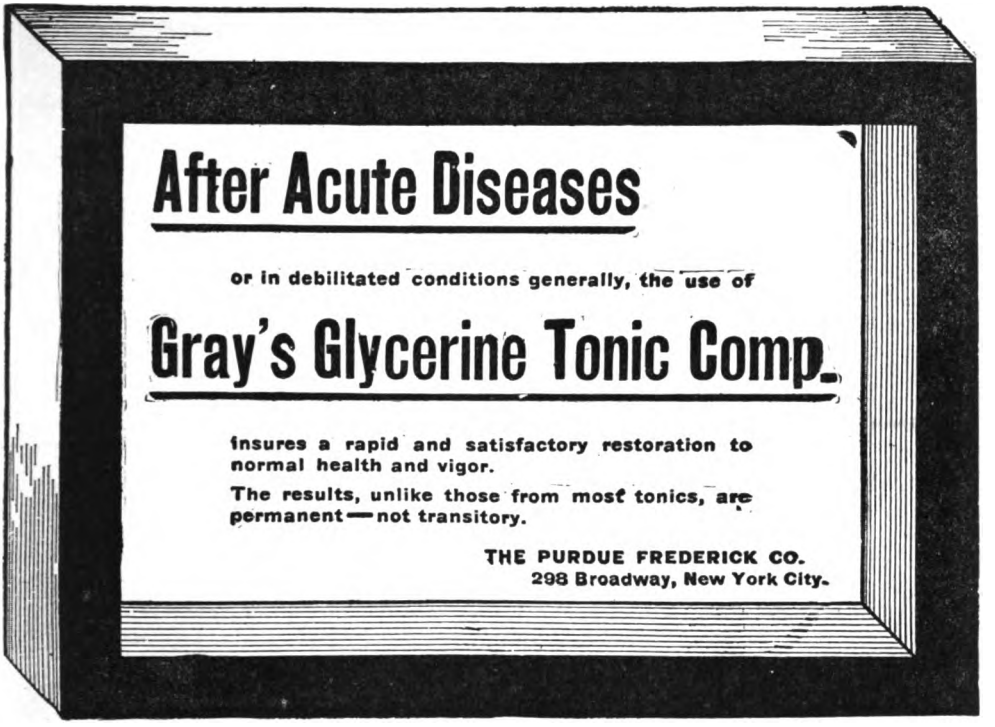
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or in debilitated conditions generally, the use of
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insures a rapid and satisfactory restoration to normal health and vigor.
The results, unlike those from most tonics, are permanent — not transitory.
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The PERSONAL CLAIMS of a manufacturer may be regarded as PARTISAN, but when a manufacturer makes no claims for his product, contenting himself with presenting the consensus of opinion of thousands of physicians, his statements merit consideration and his product deserves investigation from those members of the profession who have not used it.

Clinical Results Prove Therapeutics

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Ingenious, 'tis true; but there are countless members who feel that it is quite as important to consider, debate and help to determine the great questions of medical economics, legislation, education, etc., as it is to listen to the reading and share in the perfunctory discussion of a number of dogmatic, stereotyped papers which, in any case, are bound to appear in the *Journal* in due course.

The plain fact is that the members of the American Medical Association have been cleverly "trade-unionized." Already the boycott has been brought into action—as some of the insurance companies, medical publishers and pharmaceutical manufacturers can testify—and the very tangible evils of misdirected paternalism are becoming all too evident. Medicine, alas, is being converted into a trade and, though an attempt is smugly made to hide this fact by platitudes and protestations, the spirit of crafty commercialism is certainly being fostered. Already the cachet of the Red Cross button—like the union members' card—is being pushed for all it is worth, and the fateful day approaches when the doctor who does not wear this "badge of business brotherhood" will not be allowed "on the job" with the one who does!

This means the death of aspiration and ambition, the stultifying of independent thought, the obliteration of individuality and the loss forever of that originality and personal initiative on which scientific progress always has depended, and so must ever continue to do.

Where and what is to be the end of the whole movement?

Unless a change in the present plan of centralization of control soon takes place, the unavoidable result will be a complete loss of professional prestige, with a consequent decrease in medical efficiency and an inevitable decline of medical incomes. The physician will practice his "trade" automatically—bound not only by fixed hours of service and fixed fees, but by fixed methods of treatment and practice!

The public, alive to the fallacious character and pernicious possibilities of such a system will have none of it. Intelligent laymen know too well that the human body is a constantly varying organism—that disease is subject to too many phases—to trust their cases to automatic, routine methods of treatment. Instead, they will seek the medical practitioner who has perfected himself not only in naming disease, but in the art of interpreting it—the medical man who possesses the genius of treatment, no matter what he employs or how. They want the man who can and does

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think for himself about their particular cases at the time they seek and most need his advice.

As this character can hardly fit the loyal adherent and follower of the present A. M. A. "Sanhedrim," his place and income can not fail to shrink in direct ratio to the increase of his independent colleague's success. Pressed, therefore, by the stress of material needs, many will be obliged to renounce their allegiance to the "Medical Union Idea," and as renunciation of a belief is often apt to lead to extremes in the opposite direction, an increase in charlatanry and all its evils may be confidently expected to follow.

How unfortunate is all this! Why will not the earnest, honestly-ambitious members of the A. M. A. see the rocks upon which their whole organization is being carried? How can they stand by and see a splendid craft wrecked by men who are conspicuous for little or nothing that truly tends to elevate the legitimate practice of medicine? It is a pitiable reflection upon the medical men of America who have always guarded their professional standing, and have correspondingly prized their integrity as physicians, that they

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now allow their futures and reputations to be thus dominated by men who, unlike Cæsar's wife, are not above suspicion—"machine" votes of confidence to the contrary notwithstanding, and as will be recognized with regret in the Babylonic days of disaster by which the future of the Association can not fail to be marked under its present regime.

It is high time that a definite movement was afoot to avert the dangers that threaten. One has only to talk with physicians the country over, and to read the non-subsidized representatives of the medical press of the United States, to learn the growing sentiment against "boss rule" in professional affairs. In the interests of progressive medicine and the worthy members of a splendid profession, it is to be hoped that the day may not be far removed when what has been described by others as "the Chicago Octopus"—and by ourselves as "the 'Machine' control of the A. M. A."—shall be laid out "on the sands of time," its power gone forever and awaiting only the waves of oblivion to sweep it out of the ken of future generations.—*Editorial in American Medical Journalist.*

Books and Magazines.

BUSINESS METHODS OF SPECIALISTS, OR HOW THE ADVERTISING DOCTOR SUCCEEDS.—An exposition of the inside workings of the complicated structure the advertising specialist has built about himself, the doors of which are seldom opened to the professional investigator. By Jacob Dissingeo Albright, M. D., editor of Albright's Office Practitioner, author of the General Practitioner as a Specialist, a Treatise on Legitimate Medical Specialties. Published by the author. Philadelphia, 1907. Cloth, $1.25, postpaid.

The character and scope of this little book are set forth in the above. The regular medical profession has never before had an opportunity of obtaining real, reliable inside information regarding the advertising specialist's methods, and I feel sure my readers will be interested to know that this book is available.

PROGRESSIVE MEDICINE.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobert Amory Hare, M. D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia. Lea Bros. & Co., Philadelphia and New York. $6 per annum.

We have the September number (Vol. III) of this valuable series. It contains contributions on the following subjects by the

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INFLAMMATION'S ANTIDOTE

APPLY HOT AND THICK

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most distinguished authors: "Diseases of the Thorax and Its Viscera, Including the Heart, Lungs and Bloodvessels," by William Ewart, M. D., F. R. C. P.; "Dermatology and Syphilis," by William S. Gottheil, M. D.; "Obstetrics," by Edward P. Davis, M. D.; "Diseases of the Nervous System," by William G. Spiller, M. D. This number is an exceptionally valuable one.

A neuralgic pain in the region of the ear should suggest a careful examination of the teeth for a possible caries or alveolar abscess.—*American Journal of Surgery.*

Publisher's Department.

THE OLDER MASTERS of venereology were very particular to keep their gonorrheal patients on demulcent drinks and a low diet, and accomplished much good by this course. The soothing demulcent effect of Sanmetto renders it an ideal remedy in gonorrhea.

MIDDLE GRANVILLE, N. Y., October 31, 1906.

The Anasarcin Chemical Co., Winchester, Tenn.:

It is with pleasure that I am enabled to state that my case of goitre with valvular disease of heart was permanently benefited by the samples you so kindly sent. Very truly,

DR. J. A. MORRIS.

ALTONA, MANITOBA, August 3, 1906.

The Anasarcin Chemical Co., Winchester, Tenn.:

I have been using your preparation "Anasarcin Tablets" during the last four years. With this drug I have treated cases of dropsy caused by heart, renal and hepatic diseases, and I do not hesitate to declare that in my opinion, no matter what is the cause of dropsy, Anasarcin, if properly used, will produce results which cause great satisfaction to patients and to doctors as well.

Yours truly,

DR. A. DESCHAMBAULT.

ELONGATION OF THE UVULA.—As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

Neurasthenia.

Today it is generally recognized that neurasthenia is a real morbid condition. It is not the result of modern civilization, as many

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GRANULATED DRY BEEF

Free from Preservatives. Does Not Deteriorate with Age.

Analyses made by leading Chemists and Bacteriologists show that Meatox is the most concentrated nitrogen ous food that has ever been produced. It contains from

73 to 75 per cent. of Assimilable Proteid.

It digests more easily than the white of a soft boiled egg.

A sample with literature containing Analytical and Physiological Reports by leading Scientists will be mailed free to Doctors on request.

PREPARED ONLY BY Charles Marchand *Chemist and Graduate of the Ecole Centrale des Arts et Manufactures de Paris (France).*

THE MEATOX COMPANY

Laboratory: Corner 20th Street and Neptune Avenue, Coney Island, New York

SOLD BY LEADING DRUGGISTS.—Please mention this Journal.

writers would have us believe, but an actual disease that has probably existed as long as society. The name is not a generic term, and when so used implies ignorance of the real condition it describes. Instead, it represents a specific malady with a definite etiology, pathology and symptomatology. There can be no question but that the trend of modern life, particularly under certain conditions, tends to aggravate and multiply cases of this disease. Overwork is unquestionably one of the principal causes, coupled with anxiety, worry or persistent excitement. It is a fact that the nervous system or the mental economy of any person can stand only about so much. When overtaxed, the results are bound to be disastrous, just as a muscle will suffer from excessive work. Add to overwork, individual habits, including excesses of all characters, and neuropathic tendencies which are all too often the result of hereditary influences, and it can be readily seen that nerve tire is of prime importance in the development of neurasthenia.

Within later years certain toxic states, such as syphilis, rheumatism, malaria, or the autointoxication of chronic constipation, have been recognized as important factors in the etiology of the disease. At any rate, close study points to this important fact, that not one but several causes unite to produce the group of symptoms ascribed to neurasthenia.

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The prime object in treating this distressing condition is to restore nerve balance. Change of scene, regulation of the diet and correction of habits and faulty hygienic conditions are desirable features. But something more is always needed, and without the administration of some efficient tonic the neurasthenic will make little or no substantial improvement. The principal desideratum is to choose a tonic that goes further than mere temporary stimulation, one that will assuredly impart vigor to the nervous system, and at the same time assist each weakened organ in the re-establishment of its functions. Such a tonic is Gray's Glycerine Tonic Compound. Clinical experience has proven the therapeutic value of this well-known product and under its administration the various conditions incident to neurasthenia are corrected and overcome. The nerve balance is restored, the digestive organs take up their work, normal elimination is promoted, and the various symptoms characteristic of nerve exhaustion are dissipated without the slightest evidence of undue stimulation.

Gray's Glycerine Tonic Compound moreover has this very important advantage, it not only aids worn out, tired cells and organs to do their work, but it does more—it helps them to help themselves. The results obtained, therefore, are permanent, not transitory.

AVOIDANCE OF ANESTHETIC AND SURGICAL SHOCK.—The chance of anesthetic and surgical shock may be greatly lessened or avoided by proper preparation of the patient, whereby there is secured restoration of normal activity of the liver, in particular, kidneys and skin, together with normal elimination by the bowels and correction of acid toxemia. Inadequate preparation of the patient is responsible for more deaths than operations themselves, for as a rule patients requiring operation are not up to the normal standard of health. It is hence a great risk to submit them to operation without sufficient preparation. Sulpho-Lythin, which is a true hepatic stimulant, replaces calomel in all cases where that drug is indicated, and is indispensable in the preparation of patients for operation, and during and after treatment of convalescence, because it may be taken continuously without injury. Its judicious use in preparing patients for operation assists in obviating both anesthetic and surgical shock by restoring functional activity of the liver and excretory organs, and counteracting acid toxemia.—*Chicago Clinic,* May, 1906.

FOR NERVOUSNESS, sleeplessness and sexual excitement, characterized by erections or even chordee, various authorities vary in their recommendations. Ringer recommends the use of aconite and camphor. Bartholow and Phillips both advise the administration of lupulin. The value of hyoscyamus has been appreciated by many medical men for a long time, and is quite valuable. Bromidia is to be highly recommended, since it consists of chloral,

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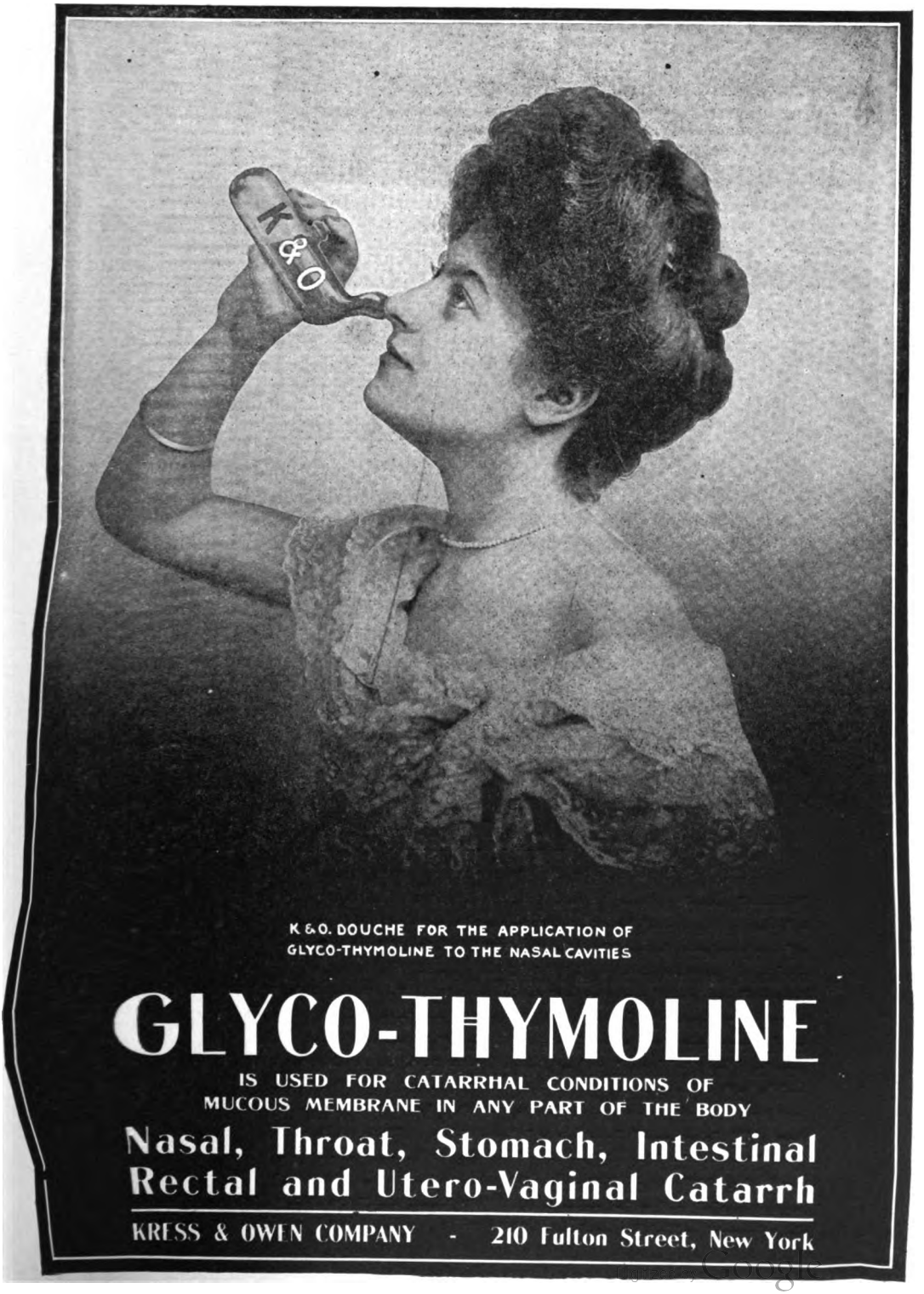

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IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 210 Fulton Street, New York

bromide, hyoscyamus and cannabis indica, and acts as a somnifacient, spinal sedative and hypnotic. The dose is a drachm to two drachms an hour before bed time.—*American Journal Dermatology.*

Vin Mariani Not a Cocaine Preparation—Will Not be Interfered With by the Health Department.

NEW YORK, September, 1907.

DEAR SIR: The *American Druggist*—August 19, 1907—in reply to a query, *erroneously stated* that Vin Mariani is regarded by the Health Department of New York as a cocaine preparation, and can only be sold under restrictions of the anti-cocaine ordinance.

Upon our protest that this was a misstatement of fact, injurious to us and to the trade handling Vin Mariani, the publishers in investigating the source of their information submitted the question personally to Dr. Darlington, the Commissioner of Health, who promptly repudiated the statement as unauthorized. He further said that "Vin Mariani, under the new label adopted by the manufacturers, is not regarded as a cocaine preparation, and can, therefore, be sold as freely as any other medicated wine that does not contain cocaine."

In a retraction of their misstatement, the editor of the *American Druggist*—August 26, 1907—referring to the status of Vin Mariani under the various State laws, sets forth the opinion of the New York Board, and concludes: "We have no doubt that the Health Departments of other cities throughout the country will be influenced by the judgment of the New York officials, and the precedent established by them will be followed generally."

There is, therefore, no reason whatever why Vin Mariani under this new label should not be freely sold in this city, as such sale is *absolutely legal.* Very respectfully,

MARIANI & CO.

MIXED BROMIDES.—Drs. Robert J. Preston, Brown-Sequard, Hazard, and other learned men of the profession, have strongly advocated a combination of bromide salts in preference to the use of potassium bromide alone. The salts of the lighter metals, as sodium, ammonium and lithium, seem to have less of the untoward action than the potassium salt. In Peacock's Bromides we have a union of these salts that has proven itself a most available and trustworthy combination. In this regard we are pleased to quote Dr. Caldwell, who says: "It is a mystery to me why bromide of potassium is so generally used by the profession. Its action is not near as reliable as the bromide of sodium, but better still is a combination of bromides. Fur such a preparation I use Peacock's Bromides, as I know it is made of the purest salts, and the difference between its therapeutic action and that of the commercial salts is very great. I have used it for years, and it is always reliable and staple. It is impossible to obtain satis-

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Diseases of the Nose, Throat and Chest.—Open Sores.—Skin Diseases.—Inflammatory and Purulent Diseases of the Ear.—Diseases of the Genito Urinary Organs.—Inflammatory and Contagious Diseases of the Eyes, etc.

In order to prove the efficiency of HYDROZONE, I will send a **25c. bottle free** to any Physician upon receipt of 10c. to pay forwarding charges.

NOTE.—A copy of the 18th edition of my book of 340 pages, on the "Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs," containing reprints of 210 unsolicited clinical reports, by leading contributors to Medical Literature, will be sent free to Physicians mentioning this journal.

Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

57-59 Prince Street, NEW YORK.

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factory results in prescribing bromide of potassium, and thus I have depended upon this preparation. I have also learned that it is necessary to see that my prescriptions for it be filled at a first-class pharmacy."

SLEEPLESSNESS.—Nothing is more destructive to physical health, or more conductive to mental distress, than insomnia. Unless the patient is permitted to sleep, the nervous system becomes unstrung and uncontrollable, and medicines that are ordinarily efficacious lose their value. The first requisite in such cases is a remedy that will induce calmness and refreshing rest. Daniel's Conct. Tinct. Passiflora Incarnata fulfills this requirement, and, besides giving natural slumber, causes a relaxation of the nervous system and a building up of all the body tissues.

Daniel's Conct. Tinct. Passiflora Incarnata is a nerve sedative and tonic. Its action is directed against the ganglia, so that it may be used with great advantage in all nervous diseases. It relieves the tension to which the nerves are subjected, gives relaxation to the patient, and places him in a condition sound and natural. Its tonic properties are most beneficial, being an invaluable aid in convalescence.

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A Delightful Revelation.

The value of senna as a laxative is well known to the medical profession but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California Figs is a delightful revelation and, in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs..... .....75 Parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only.....25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action, acceptable to the taste and never followed by the slightest debilitation.

Its Ethical Character.

Syrup of Figs and Elixir of Senna is an ethical proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

California Fig Syrup Co.,

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THE

TEXAS MEDICAL JOURNAL.

Established July, 1885.

F. E. DANIEL, M. D., - - - - Editor, Publisher and Proprietor

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XXIII. AUSTIN, DECEMBER, 1907. No. 6.

The publisher is not responsible for the views of contributors.

For the Texas Medical Journal.

Atrophic Cirrhosis of the Liver.*

BY JOHN V. SHOEMAKER, M. D., LL. D.,

Professor of Materia Medica, Therapeutics, Clinical Medicine, and Diseases of the Skin in the Medico-Chirurgical College and Hospital of Philadelphia.

The next patient—47 years of age—presents typical clinical symptoms, and to assist you in arriving at an absolutely correct diagnosis you must consider his history carefully as regards the etiology and diagnosis of his trouble. The history reads as follows:

Family History.—The father died at the age of 47 years from asthma, and the mother at the age of 65 years from "heart failure." He has five brothers and one sister living and well. The history is entirely negative as regards cancer and tuberculosis.

Previous Personal History.—As a child he had measles, whooping cough and mumps. At the age of 12 years he had gastric catarrh, but claims that he was then entirely cured. Since then he has always enjoyed good health until his present trouble.

Social History.—He is married and is the father of three children. One child died from spinal meningitis following an injury. The two children living and the wife are in good health.

By occupation he is a printer.

Habits.—His custom is to drink one or two cups of coffee or tea with each meal. He chewed tobacco excessively until two years ago. His usual custom was to drink from four to five glasses of whisky daily until last February, one month ago, when he discontinued drinking it.

Present Illness.—Two weeks ago he developed an attack of influenza with sore throat. He remained in bed, but suffered only

*Delivered in the Clinical Amphitheatre of the Medico-Chirurgical Hospital.

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a slight pain in the abdomen. He noticed that his urine was decreasing in quantity and was highly colored. His stools were much lighter in color and the bowels were constipated. This condition was followed by a gradual increase in size of his abdomen until now he measures 39 inches around the waist. He also complains of dyspnea and cough, especially so on exertion.

Physical Signs.—The patient's skin is slightly icteroid in color; so are the conjunctivæ of both eyes. The eyes react normally to both light and distance.

The abnormal signs elicited over the chest is a soft blowing murmur, diastolic in time, over the aortic area. Percussion reveals a slight increase of the precordial area, the apex beat is felt but not visible a half inch to the left of the nipple line.

Owing to the marked distension of the abdomen the liver can not be palpated, but percussion produces a dull note in the mid-axillary line in the seventh interspace, showing that the area of dullness over the liver is diminished. In the flanks on percussion a dull or rather flat note is elicited in the recumbent position and a rather tympanitic note over the anterior portion of the abdomen. In the sitting posture a dull note on percussion is elicited below the umbilicus. The blue lines over the abdomen are due to the dilatation and engorgement of the veins, the cause of which is due to the establishment of compensatory circulation of the venous system by means of the superficial epigastric and internal mammary veins, forming around the umbilicus the characteristic "caput medusa," as you may notice is present in this patient.

The feet around the ankles are edematous and pit on pressure.

Chief Complaints.—Dyspnea on exertion, anorexia, itching of the skin, malaise and chronic constipation.

A urinalysis has been made on three different occasions, and the findings have always been as follows:

Albumin—Negative.
Glucose—Negative.
Indican—Reaction slight.
Specific Gravity—1020.
Reaction—Alkaline.
Appearance—Clear.

Microscopic Examination of the Sediment.

Casts—Negative.
Cylindroids—A few.
Phosphate Crystals—A few.

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Diagnosis.—The diagnosis is usually based upon the history as regards the probable cause, such as alcoholism, gout, diabetes, rheumatism, and probably syphilis; the onset, the physical signs, and by elimination of other internal organs being involved, such as the heart, lung, spleen and kidneys.

This disease may be mistaken for chronic peritonitis with effusion, but the tabulated outline on the blackboard will help you in differentiating the two diseases.

Atrophic Cirrhosis.

1. Cause due to alcoholism.
2. No history of acute attacks.
3. No pain on pressure.
4. No elevation of temperature.
5. Lungs not affected.
6. Hepatic facies present.
7. "Caput medusa" present.
8. Abdominal veins enlarged.

Peritonitis With Effusion.

1. Caused by tubercular infection.
2. History of acute attacks.
3. Pain on pressure.
4. Elevation of temperature.
5. Usually tubercular infection of the lungs.
6. Hepatic facies absent.
7. "Caput medusa" present.
8. Abdominal veins not enlarged.

Pathology.—This form of cirrhosis of the liver is commonly known as "hob-nailed liver"; so called because on the surface of the liver are seen grayish-white bands of connective tissue surrounding yellowish areas which project above the surface by the compression due to the formation of the connective tissue. On section these areas resist the cutting knife. The capsule of the liver is much thickened and very fibrous, causing a reduction in the size of the liver, which becomes hard and granular. Sections of the liver under the microscope show a proliferation of connective tissue cells around the terminal branches of the portal veins compressing them together with the hepatic cells and thus obstructing the portal circulation through the liver.

The hepatic cells are seldom changed but the biliary canaliculi are, as a rule, increased in number.

Etiology.—The cause of the cirrhosis is undoubtedly due to al-

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coholism, which is really the most frequent cause in all forms of cirrhosis of the liver, and especially in the atrophic form. The more alcohol contained in the beverage used the more apt and the sooner is the disease developed. Alcoholic drinks taken before meals on an empty stomach has its influence in producing the disease more rapidly, the alcohol being absorbed more rapidly in an empty stomach than when the stomach is partly filled with food. Among the other predisposing causes are the chronic diseases which favor connective tissue formation, such as syphilis, gout, tuberculosis and carcinoma. Age and the male sex have their influence. The disease seldom occurs before middle life.

Treatment.—This patient, owing to the large amount of fluid in his abdominal cavity, is obliged to remain in bed. His diet consists of milk and broths; no solid food or anything that tends to irritate the gastro-intestinal canal should be given this patient. To keep his skin active, he receives frequent warm baths, followed by an alcohol rub. He is inclined to be constipated, hence we first gave him a grain and a half of calomel in broken doses, followed by a saline purge. Cartharsis, diuresis and diaphoresis are all indicated, hence we have prescribed the pill containing:

℞ Pulveris scillæ
Massæhydrargyri
Pulveris digitalis aa, gr. i
Misce fiat pilula No. 1.
Sig.: One such pill every four hours.

This combination is known as Niemyer's pill, and is exceedingly valuable in these cases. It has decreased the ascitic condition somewhat, but should medicinal agent fail to reduce the ascites materially we will resort to *paracentesis abdominis* to draw off the fluid. After all necessary aseptic precautions are taken and the bladder is emptied, the patient is placed in the sitting posture and the trocar is quickly thrust through the already anesthetized area over the linea alba about three inches above the pubis. The trocar should not be inserted more than one inch. After the proper amount of fluid is drawn off, gradually the wound is covered over with a small thin pledget of cotton saturated with collodion. Pressure may be made over the abdomen by a proper binder, but it has little or no value.

Prognosis.—All of these patients eventually die from this disease. In a few cases life may be prolonged, and they may die of some intercurrent disease before the cirrhotic condition has developed sufficiently to cause death.

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The Future Science of Medicine.*

BY J. MADISON TAYLOR, A. B., M. D., PHILADELPHIA.

Under the above heading the *St. Louis Medical Review* of June 8, 1907, published the following lines: "Dr. C. E. de M. Sajous announced on June 3d, at the American Medical Editors' Association, the crowning point of his patient labors on the ductless glands, in the discovery in the pituitary body of a membrane functionally resembling the Schneiderian [its olfactory area], in that it tested the condition of the body fluids and automatically regulated the correction of depraved conditions by producing antitoxins. Complete details by the author will appear shortly. It seems probable that an *absolutely scientific therapy* is now within sight." The announcement referred to was made at the dinner of the Association, which took place on the day mentioned. The complete details are to be found in the second volume of Sajous' "Internal Secretions," which has since appeared. The great interest awakened by his address, and the recent announcement that "Internal Secretions" was regarded on the continent of Europe as so marked an advance in our knowledge of the functions of the ductless glands that it is to be translated into French by one of the greatest authorities on the anatomy and histology of these organs, Professor Launois, of Paris, who has suggested the advisability of giving our readers an outline of the function referred to above, which will unquestionably revolutionize medicine in the sense specified by the *St. Louis Medical Review*.

As is now generally known, Sajous' study of the functions of the ductless glands was only an incidental feature of his purpose to give medicine a more solid foundation than that upon which it rests at the present time. Nearly twenty years ago, when, as editor of the *Annual of the Universal Medical Sciences,* it became his duty to collate yearly the progress in all branches of medicine, he was surprised to note the amount of theorizing being indulged in by investigators in every branch of medical science: physiologists, physiologic chemists, histologists, therapeutists, clinicians, etc. After reciting a few experiments on clinical observations, and giving a perfunctory and often very imperfect review of the literature of the subject, authors of unquestionable merit would not hesitate to launch forth tentative deductions on every conceivable sub-

*Reprinted from Monthly Cyclopedia of Practical Medicine, Vol. X, page 385, 1907.

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ject, until our knowledge of any question became literally congested with discordant figments of imagination. Whether these new theories might not become flagrant misfits when everything became ultimately known of the questions to which they were appended was not taken into account of their authors; they had launched *"something original,"* and on the strength of the frogs and guinea pigs used in the experiment, or the few clinical observations quoted, and that something was assured by them to be immensely "scientific." It is to this fundamental defect that Sajous ascribes the present deplorable condition of medicine, which he compares to that of art during the Dark Ages. What has been justly termed by an editorial writer in the *New York Medical Record* "Osler's black, hopeless, helpless, therapeutic pessimism" has, in his opinion, no other cause. He holds that if we are forced to admit today that Skoda's well-known dictum that "we can diagnose disease, describe it, and get a grasp of it, but we dare not expect by any means to cure it" still holds good, it is because much that is valuble in the work of modern investigators is hidden under the maze of false and misleading conclusions with which they have encumbered medical lore.

How can confidence in medicine as the "healing art" be restored? Can it be achieved through the sacrifice of yet more frogs, more guinea pigs, by more laboratory guesses—the addition of a few more theories to the thousands that have driven medicine to practical bankruptcy? Sajous concluded that but one course afforded any chances of success in this direction, viz., to cast aside all theories, and with the aid of the huge aggregation of positive facts, experimental and clinical, actual results, etc., recorded by reliable investigators in all branches of medical science, *seek the solution of all admittedly undiscovered functions* even as a mathematician deals with a series of problems which he may wish to solve. By this plan, he avoided entirely the pit into which investigators had hitherto fallen, i. e., that of being inspired by any preconceived theory, while giving all experimental and clinical facts their legitimate place in the process—e. g., the place filled by the bricks, stones, wood, mortar, metals, etc., used in the erection of a building. This involved the use of logic, i. e., of analytic and synthetic reasoning, which, according to Sajous, are utilized too sparingly by modern investigators. The great French biologist, Milne-Edwards, wrote many years go: "The history of science teaches us to do justice to the modest investigators whose patient labors have furnished us the material thanks to which *generalizing minds* have

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been able to construct the scientific edifice. But, above all, it teaches us to appreciate those men who, avoiding vain speculations, and reasoning only from well-established facts, have been able to encompass the aggregate of these phenomena within their field of vision and point to the general and constant relations which unite them one to the other." That synthetic philosophy is a *sin qua non* of this, the highest and most difficult mission which any scientific man can undertake, is abundantly obvious.

It is to his *analytic* work that Sajous owed the discovery that the underlying cause of the existing confusion in medicine was due to the prevailing lack of knowledge concerning the functions of the ductless glands; it was his *synthetic* work which led him to the discovery of the true rôle of these organs in the body. As soon as these functions had been established by him, *hundreds* of problems, ninety-six of which he enumerates in the introduction to his second volume (and any one of which would qualify him to earn the gratitude of posterity), found a ready solution, the experimental results of a multitude of investigators thus falling into line, as it were, of their own accord. Pulmonary and tissue respiration, absorption and nutrition, the circulation of the nervous system (Harvey having discovered that of the larger vessels and Malpighi that of the capillaries), the nature of organic function and the manner in which it is awakened by vasodilator nerves, the composition of ferments, the physiologic and morbid production of sleep, etc., are but a few of the many problems which physiologists had admittedly failed to solve, as is well illustrated by Osler's remark that while we know little concerning the action of drugs, "we put them into bodies the action of which we know less."

When once all these problems were solved, and the solutions proven correct by the precision with which they all harmonized, a superb mechanism revealed itself to Sajous: that of the human organism *complete*, the functions of the ductless glands and the presence of their products in all organs having filled many deplorable gaps—those identical functions which physiologists and histologists, notwithstanding their painstaking labors, had failed to explain. The tendency of modern investigators to introduce hypotheses, tentative guesses, etc., on all topics was also explained: they had observed phenomena on all sides which, without a knowledge of the functions of the ductless glands, were unintelligible, and for which they supplied what appeared to them as plausible explanations.

A brief review of the main steps of Sajous' labors will not only

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serve to illustrate all these facts, but it will lead up to the crowning feature of his work, viz., the discovery of the process through which the body antagonizes disease by providing the blood with what he has termed its "auto-antitoxin":

Adrenals.—Sajous found that these organs supplied a secretion which passed to the lungs and took up therein the oxygen of the air. This solved the cardinal problem of human functions: that of pulmonary respiration. Physiologists had also failed to discover the identity of 94 per cent of the hemoglobin molecule. This likewise proved to be the oxygenized adrenal secretion. The nature and the source of an oxidizing substance found in the blood, oxidase, had also remained undetermined. Sajous found that this substance, the (albuminous) 94 per cent of hemoglobin, and the oxygenized adrenal secretion were one and the same; that all tissues contained it; and that it was this substance which supplied the tissues with oxygen. He discovered another important fact in this connection, viz., that it was the adrenal active principle, thus distributed to all cells, which sustained their life—the principle which Herbert Spencer deemed necessary to account for the vital process (his "dynamic element of life"), but the presence, source, and identity of which were to him unknown. Dr. Sajous had thus solved simultaneously the problems of tissue respiration and cellular life. The importance of these discoveries from the standpoint of practice can not be overestimated, for, as we will now see, we are able *with our remedies* to *govern* the adrenals, and, therefore, *oxygenation* of all cells and the *life process* itself where its activity is subnormal.

Thyroid Gland.—As is now well known to all physicians, thyroid extract given to a cretin or an idiotic child in whom the functions of the thyroid glands are deficient, brings about a wonderful change. The body soon begins to grow, all the functions are remarkably stimulated, and the brain, practically inactive before, assumes its physiologic rôle as the organ of thought. What amounts to a mere "human plant" is finally transformed into a normal child, and remains such, but only so long as thyroid extract is administered to it. Now, thyroid extract has long been known to enhance actively the body's oxygenation. But how does it bring about this result? How does it produce the wonderful transformation in the cretin? Sajous also solved this problem. He found that *the purpose of the thyroid secretion was to excite a center in the brain* (to which reference will be made presently) connected with the adrenals by nerves, and that it was, therefore, by stimulating indirectly the adrenals that the thyroid extract produced its wonderful effects.

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It is here that the great practical importance of Sajous' discoveries is demonstrated. Not only did he find that thyroid extract excited the adrenal center, but that several of our remedies, iodine, the iodides, mercury, coca, and others, did likewise. The unexplained physiologic action of these remedies in combating some of the most destructive diseases of mankind thus became clear; they increased the oxygenizing power of the blood and the activity of the vital process, and thereby the power of the body to fight disease and destroy pathogenic bacteria, the poisons they secrete, toxic wastes, etc.

The thyroid gland was also found by Sajous to be the source of a substance which has been receiving considerable attention of late —Wright's "opsonin," known to sensitize bacteria and render them vulnerable to the attacks of phagocytes—those white cells or leucocytes of the blood and lymph which act as the body's scavengers and do so much to protect it against infectious diseases, as shown by Metchnikoff. This introduces another practical point of the highest importance connected with Sajous' discoveries, viz., the functions of the leucocytes.

The Leucocytes.—The white cells of the blood have been given several different rôles by physiologists, but Sajous was the first to show their true function: the identity of that which causes them to act as scavengers; to appear in great numbers in the blood under certain conditions, normal and morbid; to contain numerous digestive ferments, etc. He showed that their rôle in the body was to take up or "engulf" food products of any kind, both in the intestinal canal (after the foods had been partially digested in the stomach and intestine) and in the blood and other body fluids; to convert these food products into *living* granulations (through the adrenal principle which their ferments contain), and to transport them to the tissue cells. Sajous thus contributed another great advance in our knowledge of cell-life: not only did he show the identity and source of the dynamic principle which sustains life, as previously stated, but also the process through which *our foods become endowed with life,* and, moreover, *the manner in which our tissues are built.*

The practical bearing of these discoveries is now made to appear: certain leucocytes (70 per cent of the aggregate of white cells) are scavengers merely because they convert food products, disease germs, broken-down cells, etc., into tissue cells. Now, when the vital process is below par, the body is vulnerable to disease: the scavenger cells are themselves unable to digest bacteria, and it is

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not the nutrient, tissue-forming granulations which they carry to all parts of the body, but living disease germs. In the light of Sajous' discoveries, when a patient is treated judiciously this can not happen, since, as previously stated, several of our well-tested remedies are able to raise the vital process to its fullest power; as the scavenger leucocytes form part of the body as a whole, they likewise acquire their full power when proper remedies are administered and are thus able to kill all bacteria they might ingest, convert them into tissue-granulations, and arrest disease.

Comparison with the prevailing doctrines shows a marked contrast. Pneumonia, for instance, is regarded by Osler as a "self-limited disease," which means that medicinal treatment is useless. In the light of Sajous' findings this is tantamount to a death certificate, since the pneumonia germs are thus allowed to multiply freely and kill the patient. He submits ample evidence attesting to the fact that pneumonia, as well as all other scourges of humanity, *can be checked by remedies which enhance the body's auto-protective functions.*

The germ-destroying leucocytes do not represent the only recourse available by the body when it is exposed to disease. These cells constitute only the first line of defense, as it were. The blood plasma itself, as shown by many investigators, is also a powerful bactericidal and antitoxic agent. But what is the origin of the substances which endow the fluid portion of the blood with these defensive properties? This constitutes another of Sajous' discoveries.

Auto-antitoxin.—As everyone knows, the mortality of diphtheria has been decreased to a remarkable extent since antitoxin has been used in its treatment. But the source of antitoxin in the body of the animal from whose blood it is obtained, as well as its chemical composition, has remained obscure. Sajous solved both of these problems. He showed that antitoxin contained (1) the oxygenized adrenal secretion (adrenoxidase) previously referred to, which, as the oxodizing (albuminous) constituent of the blood, is constantly present therein; (2) a ferment derived from the pancreas, trypsin; (3) a body rich in phosphorus, nucleo-proteid, derived from certain leucocytes; and (4) the thyroid secretion, which he termed thyroidase (opsonin). The adrenals, pancreas, leucocytes, and thyroid thus proved to be the source of diphtheria antitoxin—and, in fact, of all other antitoxins.

This suggested a line of research which brought out a discovery of even greater practical importance: If by inoculating an ani-

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mal, the organs referred to could be caused to produce antitoxin by increasing the functional activity of these organs, could we not by means of our remedies also stimulate these organs, flood the blood with auto-antitoxin, and thus check a disease? A prolonged study of all the phases of the question enables Sajous to answer this question affirmatively and to formulate the general principle that "immunizing medication is the foundation of rational therapeutics"; in other words, that we should regard as the fundamental purpose of our efforts to cure disease, the use of remedies which, by increasing the functional activity of the organs that produce antitoxin, enhance correspondingly the bactericidal and antitoxic efficiency of the blood. This, he showed also, was the effect produced by those germs, toxins, poisons, etc., which are capable of evoking a defensive reaction in the body, as manifested by fever.

Sajous describes in detail all the diseases that are most fatal to mankind and shows conclusively that wherever cure had been effected by remedies, it was through agents which, by stimulating the organs referred to, increased the blood's asset in *auto-antitoxin* —the name given by him to the antitoxin which our body produces to antagonize disease.

But how does auto-antitoxin destroy pathogenic organisms, the toxins they secrete, poisons, toxic products of metabolism, etc.? Sajous shows that this differs in no way from the process of digestion, and that if auto-antitoxin is present in excess of the blood, the red corpuscles themselves may be digested (hemolysis). As to the process itself, the explanation he submits is based on the well-known fact that ferments are active, up to a certain limit, in proportion with the temperature to which they are exposed. When the temperature is normal, the ferments are active just sufficiently to carry on normal functions; when it is raised, their digestive activity is increased accordingly. Now, in the blood, the temperature is raised whenever its supply of adrenoxidase (the oxygenized adrenal secretion) and the nucleo-proteid granulations (supplied by leucocytes) is increased, owing to a reaction between the oxygen of the former and the phosphorus of the latter. Heat-energy being liberated in excess, the digestive activity of the ferments in the blood (which gives it its bacteriolytic and antitoxic properties) is correspondingly increased.

Yet, how are these germ-killing and poison-destroying substances caused to appear in the blood? How do poisons awaken the defensive reaction of the body?

The Pituitary Body.—Located on the very top of the spinal col-

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umn in the sella turcica, immediately below the brain, protected on all sides with the utmost care, lies this organ. To its rôle in the economy a recently published text-book of physiology devotes seven lines! Indeed, beyond the fact that it is supposed to provide some sort of a secretion (the purpose of which has never been found), nothing is known as to the actual rôle of its anterior lobe; while its posterior lobe has been relegated to the rank of a vestigial remnant. Sajous demonstrates not only that this conception is false, but that the pituitary body in its relations to the functions of the body at large is even more important than the brain itself. None of these functions are impaired when the cerebral hemispheres of an animal are removed; all cease, however, when the whole pituitary body is submitted to the same ablation. The brain, as the organ of mind, can utilize the spinal system, with which it is connected, to execute its mandates; but the spinal system is also supplied with its own brain, the pituitary body, which Sajous terms the *"somatic brain,"* viz., the governing organ of all vegetative functions. He shows, moreover, that this "somatic brain" contains *a delicate organ whose mission is to protect the body against disease.*

In his first volume, Sajous had advanced the view that the anterior pituitary body was a sensitive organ which perceived, as it were, the presence of any adventitious substance in the blood. The existence of such a structure has since been confirmed independently in Europe, Gentès having found histologically therein a sensory structure resembling the olfactory area of the nasal cavity. Dr. Sajous' conception is readily explained: When the blood circulating in the anterior pituitary body contains any abnormal substance—a drug, a poison, a toxin, etc.—it affects this sensitive organ just as odoriferous particles do the olfactory area. Sajous studied this organ in the animal scale, through comparative morphology, and found it in all animals down to such low forms as mollusks, where it bears a suggestive name given to it by zoologists, viz., the *test-organ,* or *osphradium,* and is known by them to test the water ingested by these lowly beings.

But how, in the higher vertebrates, including man, does this test-organ protect against disease?

Sajous found, as previously stated, that the adrenals were provided with a center situated at the base of the brain. This, he subsequently ascertained, was a nucleus of cells in the posterior lobe of the pituitary body, which nucleus received nerve fibers from the sensitive test-organ referred to above. Now, the manner in which any poison or toxin can increase general oxygenation becomes ap-

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parent: it excites the test-organ, and this structure, in turn, through nerve-paths (passing by way of the base of the brain, the bulb, the cord, the sympathetic and splanchnic nerves) increases the functional activity of the adrenals. Thus the blood is provided with an excess of *adrenoxidase*. True, this is but one of the constituents of the body's protective substance, auto-antitoxin, but the manner in which the other components of the latter are formed is readily apprehended: the metabolism of all organs being rendered unusually active by the excess of adrenoxidase in the circulating blood, the formation of leucocytes is activated (leucocytosis) and the proportion of *nucleo-proteid,* their product, in the blood is correspondingly increased. The secretory activity of the pancreas being also stimulated by the excess of adrenoxidase, more *trypsin* is produced; and we thus have the three components of auto-antitoxin: the oxygen-laden adrenoxidase and the phosphorus-laden nucleo-proteid to supply the increased heat-energy required to enable the trypsin both in the phagocytes and in the blood to destroy bacteria, their toxins, or any other poisonous agent which the blood may contain.

This is not all, however; as shown by Sir A. E. Wright, the bacteria must be prepared for the phagocytic feast. Sajous, as previously stated, has discovered that the thyroid and parathyroids were the source of Wright's "opsonins," i. e., thyroidase. Now, the nucleus through which the adrenals receive their stimulating impulses from the test-organ is also shown by Sajous to transmit stimulating impulses to the thyroid apparatus. When disease germs invade the blood, therefore, their toxins, by exciting the test-organ, cause the blood to be provided with *thyroidase* (opsonin) to sensitize the germs, and with *auto-antitoxin* to destroy them.

The grave mortality from all diseases in the young as well as in the old shows, unfortunately, that although our body is endowed with protective functions, these are often inadequate to prevent, or even arrest, disease. This is where Sajous' labors are to prove most prolific in results, since they have demonstrated conclusively that *by means of the remedies in constant use among physicians,* the protective mechanism can be activated sufficiently to protect the patient. Pasteur's prophylactic treatment against rabies, Wright's inoculations, bacterial vaccines, etc., are but examples of the protection afforded through agents which stimulate the test-organ, this action differing in no way from that of the drugs referred to, the action of which can, besides, be more readily controlled. All these measures cause the blood to be flooded with

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thyroidase (opsonin) and auto-antitoxin. Hence the fundamental principle Sajous establishes—that *"immunizing medication is the foundation of rational therapeutics,"* which, as he shows by a comprehensive study of cancer, tuberculosis, syphilis, Asiatic cholera, cholera infantum, bubonic plague, epilepsy, puerperal eclampsia, and many other foes of mankind, is as applicable to the most virulent diseases as to the more benign. He not only points out the meaning of the *vis medicatrix naturæ,* but shows us how we can increase its efficiency and thus master disease.

Those who, like the writer, have availed themselves of Sajous' teachings in their daily work, have been able daily to appreciate the strength of his position, the power of the weapon or key he has placed in their hands, and the renewed confidence he thus inspires in practical medicine.

Applications for Furuncle and Mosquito Bites.—Gallois prescribes a solution of metallic iodine in acetone (40 per cent) to abort boils and to relieve the irritation following bites of insects, especially mosquitoes. It forms a sort of varnish in drying, which relieves the itching and checks inflammation. Generally one application is sufficient, but it may be repeated at the end of five or six hours. The discoloration lasts about twenty-four hours, and is easily removed with soap and water. A paste of cigar ashes mixed with a drop of water is often effective, or the bite may be rubbed with a piece of dry soap. In the last two methods, it is the alkaline salts which relieve the itching.—*Bulletin général de thérapeutique.*

An easy way to straighten out a probe that has been much bent and twisted, is to roll it under the foot on an even floor.—*American Journal of Surgery.*

Fluids in Chronic Interstitial Nephritis.—Colliver does not believe in "flushing the kidneys" in nephritis, and says that much benefit is often derived by restricting the amount of liquid ingested. He sums up his position by saying: Before compensation is broken, ingestion of fluids has marked effect and tends to hasten the crisis. After compensation is broken, ingestion of fluids is of no advantage to the kidneys, but tends to embarrass the heart and to increase effusion and edema. The amount of fluids ingested should be slightly in excess of the amount of urine excreted.—*California Medical and Surgical Reporter.*

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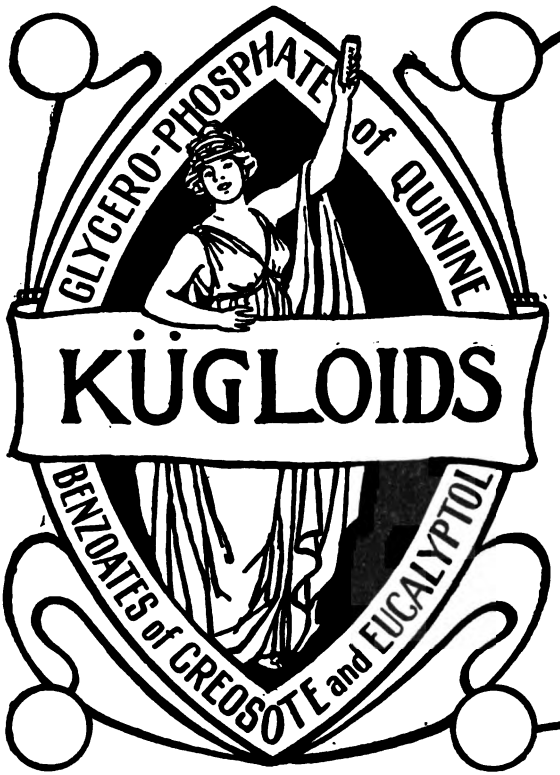

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EDITORIAL DEPARTMENT.

POLITICS AND THE STATE MEDICAL ASSOCIATION.

The effort to drag the State Association into politics and make the recent bungling and unpopular medical legislation,—the One Board Bill,—an issue in the next election, is greatly to be deprecated. The Association should be kept out of it. The effect of such policy will be disastrous; the older and more quiet and conservative members will just stay away from meetings and lose all interest in the affairs of the organization.

In organizing on the present plan, the majority of the membership disfranchised themselves and put all power in the hands of a few—say 2 per cent—who constitute the House of Delegates. That the House of Delegates, consisting of one delegate from each county society, does not always represent the sentiment of the profession, I am well satisfied. Especially in the matter of the committee inviting the irregulars to affiliation, and homologating with them on a mixed board, I have abundant reason to believe that they have gone counter to the wishes and sentiment of the majority.

And now comes a newspaper announcement that one "high in medical councils"—doubtless one of those gentlemen who are responsible for the obnoxious one board—has committed the whole Association—*nolens volens*—to a policy which I *know* is foreign to the general sentiment of the membership.

In the Associated Press dispatches, November 17th, there appeared a statement from the San Antonio correspondent, upon the authority of "one high in medical councils," to the effect that the Texas State Medical Association, resenting the alleged opposition of the Attorney General to the One Board Bill, would "boycott" him, and throw their whole influence against his re-election, and in favor of Senator Looney (the Senator who championed the bill and advocated breaking down all barriers between the regulars and the irregulars,—putting all the "brethren" on an equal footing).

I believe that if the rank and file (the great majority) could be heard, it would be found that they do not endorse the action of the committee in inviting and insisting upon fraternizing with those whom we have always regarded and denounced as irregulars. I believe they would repudiate the policy to which the Association,

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unheard, has been committed. And I denounce as unwarranted and untrue the statement that the Association will boycott Mr. Davidson. No one is authorized to speak for the Association. I am not advocating Mr. Davidson (I am not even acquainted with him), nor inveighing against Mr. Looney. I am condemning the effort to make political capital out of the One Board Bill—to be used against one candidate and for the other; but it is only just to say that Mr. Davidson had nothing whatever to do with the bill, and that the State Medical Association will not boycott him. I know the sentiment pretty well, and he will not be made a scapegoat by the Association to be sacrificed in the interest of his opponent. Governor Campbell assumes all responsibility for opposition to the bill, and would have vetoed it but for changes made in it by Mr. Hawkins, the Office Assistant Attorney General, at his, Mr. Campbell's, request. Davidson never saw the bill.

I do not know who the "man high in medical councils" is, but I can guess. He should be sat down on. He has misrepresented the Association. He has no right to commit them to anything. This declaration followed immediately on the heels of a meeting of the San Antonio (Fifth) District Medical Society, at which Mr. Looney was present and spoke.

The unification idea emanated from the great medico-political machine at Chicago—the Octopus (*Journal A. M. A.*)—and the skeleton of a One Board Bill was furnished to each State Medical Association. That the House of Delegates is dominated by the great machine goes without saying,—and our Committee on Legislation sacrificed every principle of professional ethics and pride—at the dictates really, of an apostate homeopath, the Power behind the Octopus, *Simmons*.

DR. SAJOUS' GREAT WORK.*

Dr. Sajous has made a wonderful contribution to medical science, and his name will be handed down to all future generations, along with that of Pasteur, Metchnikoff, Virchow, Koch, Wright, Foster and Lister. He has solved the problem of glandular action and pointed out the rôle that the secretions of the ductless glands perform, not only in nutrition and metabolism, but in resisting disease and overcoming pathogenic invasion. He, like

*The Internal Secretions and The Principles of Medicine, F. A. Davis Company, Philadelphia, Vol. II, Biology, Pharmacodynamics, Pathogenesis, Applied Therapeutics.

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another Œdipus, has solved the riddle of the Sphynx;—the thyroid gland is the source of that solvent principle in the blood—opsonins —of which so much is heard these days, and which Metchnikoff says is a product of the phagocytes themselves—the chief defenders of the system against disease.

In this issue I reproduce Dr. J. M. Taylor's splendid article, "The Future Science of Medicine,"† and ask my readers to read it. It is intensely interesting and instructive. It is a revelation and a better "review" than I can write. It gives a succinct summary of prominent features of Dr. Sajous' discoveries: the cardinal rôle of the ductless glands in the defense of the body against disease, and (what is of still greater importance to the practicing physician) the fact that these defensive functions can be enhanced by appropriate remedies. This affords, obviously, a new and scientific foundation for therapeutics, a branch of medicine which has lost in great part, in recent years, the confidence of the profession. The righ rank that Dr. Sajous' labors have recently been given in America and on the continent of Europe and the fact that they elucidate a very large number of admittedly obscure questions, make his work not only timely but of the greatest interest and importance.

Editorialets.

MERRY CHRISTMAS.—The "Red Back" sends greeting to its friends everywhere, and wishes them all A Merry Christmas and great hunks of Prosperity—with a capital P.

THE North Texas Medical Association will meet in Fort Worth, December 9th and 10th inst.

DR. IRA W. COLLINS, the Osteopath member of the State Board of Medical Examiners for Texas, has resigned.

UP AGAINST IT.—An Associated Press dispatch from San Antonio states that at the instance of Dr. V. P. Armstrong—"Assistant State Health Officer"—the doctors of Bexar county have been reported to the grand jury for failure to report births and deaths, as required by law.

†St. Louis Medical Review.

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WHEN this you see, remember me (and the little bill sent you lately), for the north wind doth blow and we shall have snow, and coal is $10 a ton, my son.

AND NOW all Alabama is "dry." There is a big movement on to make New Orleans all dry. Let the work go on until the blot on civilization is wiped out all over the world. Selah!

DR. ALONZO GARWOOD, of New Braunfels, was unanimously elected President of the San Antonio (Fifth Councilor's) District Medical Association at its late annual meeting in San Antonio.

THE BRIEF CHANGES HANDS.—Dr. Lawrence, the founder of the famous *Medical Brief*, and who made a big fortune out of it, now, at the age of 72, retires, and has sold out to Mr. J. H. Strong. *Vale!*

MARRIED.—At Decatur, Ill., November 12th ult., Dr. Alonzo Garwood, of New Braunfels, Texas, to Miss Bertha Harpstrite, of Decatur. The "Red Back" extends congratulations and best wishes.

ON ACCOUNT of the epidemic of dengue fever prevailing in Monterey at this time, the meeting of the International Medical Association of Mexico, which was to be held in that city on November 18, 19, 20 and 21, has been postponed to January 23, 24, 25, 1908.

I HAVE great regard for the "Red Back" for its honesty and fearlessness.

Yours very truly,
C. C. WALKER, M. D.,
Gainesville, Texas.

THE latest triumph of science (Professor Crooke) is the manufacture of nitric acid in large quantities, from air. Crooke has commercialized his products. Nitrates (sodium and calcium) are now available in unlimited quantities for fertilizers, and guano and bone dust and all other fertilizers are now simply back-numbers.

ALCOHOL AND INSANITY.—Dr. C. L. Gregory, Superintendent of the North Texas Hospital for Insane, has sent in his report to

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the Governor. It is most interesting, and gives some valuable information, especially as to the relation of alcohol to insanity. In another part of this issue I reproduce an extract on that subject. Read it!

JUDGE CLARK BELL, of New York, the distinguished editor of the *Medico-Legal Journal,* and the organizer and first President of the American International Congress on Tuberculosis, and Mrs. Bell celebrated the fiftieth anniversary of their wedding, recently, in New York. On the occasion they were the recipients of many presents and warm congratulations. The JOURNAL wishes them "many happy returns."

A GEM FROM INDIANA.—A reader for a New York publishing house gives the following, quoted from a story submitted by an Indiana authoress, as being about the choicest bit he has come across in many years:

"Reginald was bewitched. Never had the baroness seemed to him so beautiful as at this moment, when, in her dumb grief, she hid her face."—*December Lippincott's.*

THE MANOR SANITARIUM.—A commodious and well furnished and equipped building, with ample grounds and attractive surroundings, is offered for lease or sale. Correspondence solicited.

A. K. ANDERSON,
JNO. E. HILL,
JOHN E. SELLSTROM,
For Executive Board.

"IS THE room disinfected?"

"Yes, mother; and I have sterilized the curtains, deodorized the furniture, asepticized all the fixtures, vaporized the air, washed my lips in an antiseptic solution, and——"

"Have you asepticized the mistletoe?"

"Thoroughly, mother; everything is done. Arthur is waiting now in the hydrogen room."

"Then you may go in and let him kiss you, dear."—*December Lippincott's.*

BERI BERI IN TEXAS.—An epidemic of beri beri broke out in the (Austin) State Lunatic Asylum last summer—170 cases; 17

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deaths. Because of the drought it was impossible to get fresh vegetables, and the disease was caused by diet largely restricted to rice and other cereals. It is a late discovery that rice causes the disease. Dr. Braddon, an English army surgeon, has recently published a book on the subject, in which he concludes that stale, decorticated rice contains a poison which produces beri beri. It is similar to that fungus on rye—spurred rye—from which we get ergot. I will have more to say on this subject later.

AND NOW, Reed & Carnrick's products have fallen under the axe of ye immaculate "Council of Pharmacy," and in a recent publication (*Journal A. M. A.*) they accuse R. & C. of knowingly making false statements. Reed & Carnrick's preparations are rational, and I doubt if the Octopus' anathema will cause many physicians to discontinue their use. I note, by the bye, that a number of ye elect,—I-am-holier-than-thou, ye "unco' gude" satellites of ye Octopus, i. e., the State Association organs—are still carrying R. & C.'s advertisements. Jones should get after them.

N. B.—Reed & Carnrick do not advertise in the "Red Back." More's the pity. Hence I am not "subsidized."

AN AUSTIN DOCTOR A SUCCESSFUL INVENTOR.—Dr. J. W. Carhart, of Austin, has invented and has secured patents in America and Europe for an indestructible tire for automobile vehicles. It will entirely supersede the abominable, dangerous and very expensive inflated rubber tires, and the cost is about one-third as much. The tire is of tough wood or paper fiber, mixed with rubber. It can't be punctured. The tire is in use in Paris, France, and Dr. Carhart left on the 21st of November (ult.) for that city to look after his interests. He will be absent two months, and incidentally will attend the clinics and visit the great hospitals of Paris, London, Vienna and Berlin. Dr. Carhart will send us some "notes" for our January number. He is a fine writer.

DR. CROTHERS on "Relations of the Doctor to the Alcoholic Problem," T. D. Crothers, M. D., Hartford, Conn. We have received a reprint of this splendid paper—from the *Medical Fortnightly*, St. Louis, October 25, 1907. The paper was read before the Mississippi Valley Medical Association at Columbus, Ohio, October 10, 1907. I wish every physician could read it; it would disabuse their minds of some old and deep-rooted errors as to the

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effects of alcohol in health and disease. Since the discovery of phagocytosis, it has been demonstrated under the microscope that alcohol inhibits that process by *putting to sleep* the phagocytes—as pointed out by Metchnikoff; thus defeating nature's intelligent efforts at resistance. Dr. Crothers will be pleased to send anyone a copy, free, on receipt of a request to do so.

SOME of the most eminent of the foreign investigators in the field of medical research have accepted the invitation of the Committee on Arrangements of the National Convention on Tuberculosis to take part in the series of lectures that will be delivered during the session of Congress in Washington. The convention will be held from September 12 to October 21, 1908, in Washington. The committee has announced the offer of three cash prizes of $1000 each for the first best evidence of effective work in the prevention or relief of tuberculosis done by any voluntary association since the last International Congress in 1905; second, for the best exhibition of a tuberculosis sanitarium for the working classes; third, for the best exhibit of a furnished home for wage-earners.

Several prizes of smaller value are offered for educational leaflets and for special exhibits. The Governors of all the States have been requested to arrange for representation through one or more departments of the State governments.

A RARE OPPORTUNITY FOR A CAPABLE DOCTOR.—Texas is rapidly filling up, the vacant lands are being settled, building of towns and railroads is on a boom, real estate of all kinds is increasing in value, especially farming lands. Now is the time to get in "on the ground floor." In Ellis county (Central North Texas), in the very heart of the rich black alluvial lands (bale-to-the-acre land), there is offered a doctor's home, complete with all requisites, residence, outhouses, three lots of ground, orchard, garden, wells; a new buggy and pair of matched bays (double or single harness or saddle), worth $450; a $600 stock of drugs and an established and secure practice netting $3000 a year, all for $2500; $2000 cash, balance to suit. It is in a thriving town of 1500; accessible from all points by rail. The owner is not in robust health and wants to go to a city to practice (indoors) a specialty. He guarantees to induct his successor into the practice; turn it over to him, so that the purchaser will have nothing to do but move in with his family and hang up his hat; step into a ready-made home

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and good practice. It takes years to get fixed and build a practice. The property alone is worth double the price asked for the whole. Write to me about it.

EDITOR TEXAS MEDICAL JOURNAL.

Abstracts and Selections.

International Congress on Tuberculosis.

WASHINGTON, D. C., November 2, 1907.

Progress along all lines connected with the International Congress on Tuberculosis which is to take place in Washington from September 21 to October 12, 1908, was shown by the reports presented at a meeting of the Committee of Arrangements, held in New York, at the Associated Charities Building, Monday evening, October 28th. Dr. Lawrence F. Flick, of Philadelphia, Chairman of the committee, presided, and the other members present were: Dr. Joseph Walsh, Philadelphia, Secretary; Dr. John S. Fulton, Washington, Secretary General; Mr. William H. Baldwin, Washington; Dr. Hermann M. Biggs, New York; Dr. Frank Billings, Chicago; Mr. Edward T. Devine, New York; Mr. Livingston Farrand, New York; Dr. J. C. Greenway, Greenwich, Conn.; Dr. Chas. J. Hatfield, Philadelphia; Dr. Abraham Jacobi, New York; Dr. Alfred Meyer, Mrs. James E. Newcomb, New York; General Geo. M. Sternberg, Washington, and Dr. Wm. H. Welch, Baltimore.

The meeting was the first held since Dr. Flick's return from abroad, and his reports of his visits to the International Conference on Tuberculosis in Vienna and to the International Congress on Hygiene and Demography, at Berlin, were interesting features of the session. More than a thousand delegates were registered at Vienna, he said, and the gathering at Berlin was quite as large. The leading men in both associations are looking forward with a great deal of enthusiasm, Dr. Flick said, to the meeting in Washington next year, and about four hundred of the members of the foreign organizations may be expected to attend the Congress. The Conference selected this country as its place of meeting in 1908 just as the Congress did two years ago. The Conference and the Congress are two distinct organizations. The International Conference on Tuberculosis meets every year and keeps up a continuous organization with headquarters in Berlin. The International Congress on Tuberculosis meets only once in three years and does not maintain an international bureau in the intervals. Dr. Flick

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stated that at the International Conference interest centered especially in the time-worn subject of the routes of invasion for the tubercle bacillus. It seems to have been demonstrated that the disease may be contracted by both the respiratory route and the alimentary route. Though this does not make us much wiser in a practical way, still it is somewhat comforting to know that the respiratory route is less important than it was once thought to be. On the other hand, that information is compensated by the importance of the alimentary route.

In connection with his account of the progress made in the preliminary arrangements for the International Congress on Tuberculosis, Dr. John S. Fulton, the Secretary General, reported that ten distinguished foreigners have consented to participate in the series of special addresses that are to form a part of the program. The names of these eminent specialists follow: Dr. R. W. Philip, Edinburgh; Dr. C. Theodore Williams, London; Dr. Arthur Newsholme, Health Officer, Brighton, England; Dr. C. H. Spronck, Utrecht, Holland; Dr. Karl Turban, Davos-Platz, Switzerland; Dr. Gotthold Pannwitz, Charlottenburg; Dr. Emil von Behring, Marburg; Dr. A. Calmette, Pasteur Institute, Lisle, France; Dr. Maurice Letulle, Paris, and Dr. S. Kitasato, Tokyo, Japan.

Dr. Fulton also reported that, up to the date of the meeting, the Governors of twenty-three States had lent official auspices to the Congress. This not only insures official representation so far as that many States are concerned, but it insures an active organization in each of these States, that will be interested in the Congress.

The States in which this action has been taken, so far, are: California, Utah, Montana, North Dakota, Minnesota, Wisconsin, Illinois, Iowa, Indiana, Michigan, Ohio, Kentucky, Kansas, Tennessee, South Carolina, North Carolina, Maryland, New York, Massachusetts, Vermont, Maine, West Virginia and Missouri.

Reporting on the formation of State committees, the Secretary General said that such committees had been appointed in nearly all of the States in the United States; that several have already organized and are earnestly at work. He reported also that replies have been received from various foreign countries in reference to the appointment of committees, and the replies indicate that the countries addressed will be represented in nearly every instance by exhibits as well as by delegates.

In many cases of shock, a venous infusion will more often save life than dallying with stimulants which merely, in the end, serve to tire out the heart.—*American Journal of Surgery.*

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The Influence of Alcohol Upon the Bodily Defenses Against Disease.*

BY DAVID PAULSON, M. D., SUPERINTENDENT HINSDALE (ILL.) SANITARIUM.

One by one solid, substantial, scientific facts are being forged into links in the long chain of convincing evidence that the sum total effect of alcohol is far more disastrous to the human body than it is beneficial.

Years ago it was shown by actual tests measured by a dynamometer that the use of alcohol, instead of increasing muscular strength as had been supposed, actually lessened it.

Then came Kraepelin's incontestable experiments demonstrating that as small a quantity as one-third of an ounce of alcohol produced depressing physical effects which were capable of demonstration by instruments of precision. These results, obtained from a careful study of the influence of alcohol on the muscles, brain and nerves naturally suggested similar effects upon nutrition and also upon the various protective defenses of the body against disease.

Years ago, Boix, after conducting an extensive series of observations, concluded that the sclerotic changes that were formerly attributed to alcohol directly were in reality largely due to the absorption of an increased amount of various toxins resulting from the increased gastro-intestinal disturbances induced by the use of alcohol.

Reid Hunt has recently reported that he found when alcohol was given to rabbits the ethereal sulphates instead of being 1 to 2 per cent were increased to 30 or 35 per cent of the total sulphates.

Accumulating evidence compels us to believe that many of the common chronic diseases, including pernicious anemia and possibly to a certain extent even cancer, are markedly influenced by, if not to a large extent actually due to the constant absorption of excessive quantities of gastro-intestinal toxins.

As at present as never before the searchlight of modern science is being focused upon the tissues themselves, there is revealed to us the tremendous importance of nutritional processes. As Starling expresses it, digestion only furnishes the nutritive bullion from which intracellular digestion must make the real currency for the use of the tissues.

This intracellular digestion is closely identified with those bodily

*From the *Journal of Inebriety*.

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defenses against toxins and bacteria. In view of this, some recent investigations made by Reid Hunt of the Public Health and Marine Hospital Service of the United States become of intense interest.

These experiments revealed modifications in the bodily physiological processes from repeated doses of alcohol given in too small quantities to produce the least indications of intoxication. Over considerable periods of time alcohol in gradually increasing amounts was added to oats fed to mice, then the amount of acetonitrile necessary to kill these mice was ascertained, and the interesting observation was constantly noted that it only required about one-half the amount of acetonitrile to kill the mice which had received these moderate quantities of alcohol with their food as was necessary to kill the mice which had been fed on oats free from alcohol. When little larger amounts of alcohol were given to the mice it only required one-third the dose of the drug necessary to kill as compared to those which had not received alcohol. That this effect was not due to any lack of nutrition was made evident from an experiment in which mice were only fed a limited amount of food for a certain period of time, and when the nitrile was injected they recovered from four times the dose which caused death in the alcohol-fed mice.

Guinea pigs were subjected to the same experiment and it was likewise found that alcohol in so small quantities as to produce no noticeable physical effects whatsoever, nevertheless increased their sensibility to acetonitrile just as it did in the mice.

Many have been led to believe that small quantities of alcohol were regarded by the body as a food in just the same sense as sugar and fats, but Reid Hunt found that when mice were fed oats soaked in a solution of dextrose, instead of showing the decrease of resistance to acetonitrile that was noted in the alcohol-fed mice they were actually able to tolerate increased quantities of the drug.

These experiments are too recent to justify us in drawing definite conclusions, but they certainly at least suggest, in the words of the experimenter:

"It is believed that these experiments afford clear experimental evidence for the view that extremely moderate amounts of alcohol may cause distinct changes in certain physiological functions and that these changes may, under certain circumstances, be injurious to the body. The results also afford further evidence that in some respects the action of alcohol as a food is different from that of carbohydrates, and finally that in all probability certain physiological processes in 'moderate drinkers' are distinctly different from those in abstainers."

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It would seem that no experiment could demonstrate more conclusively the demoralizing influence of alcohol upon the defensive agents of the body in acute infectious diseases than the investigations made by George Rubin, Pathologist, Rush Medical College, and reported in the *Journal of Infectious Diseases,* May 30, 1904. He studied the influence of alcohol ether and chloroform upon animals who had been subjected to various experimental infections.

Into a rabbit having a leucocyte count of 8600 was injected hyperdermically 1 c. c. of fresh streptococcus culture; the next day the leucocyte count was 15,400; the following day 23,300. This rabbit made a good recovery.

At the same time another rabbit of practically similar weight, having a leucocyte count of 8800, was given 4 c. c. 95 per cent alcohol and then 1 c. c. of streptococcus culture; the next day the leucocyte count, instead of increasing, had fallen to 7000, and the following day it was 7900. Ten days after inoculation this rabbit died in a cachectic state.

Another rabbit with a leucocyte count of 10,500 was given 1 1-3 c. c. pneumococcus culture; the next day its leucocyte count had risen to 11,400; the following day it increased to 18,000. This rabbit recovered without any serious trouble.

At the same time there was injected into another rabbit, whose leucocyte count was 14,000, 3 c. c. of alcohol and 1 c. c. of pneumococcus culture. This rabbit lived only twenty-two hours and immediately after death its leucocyte count had dropped to 1100.

I have only selected a few of the many cases of this interesting set of experiments which Rubin reports, but in every case the narcotized animals died, and in those cases where the control animal died they always survived their fellows a certain length of time and gave evidence of resistance to infection in a higher leucocyte count and by other physical signs.

Rubin obtained the same result when chloroform or ether was used. These experiments admirably confirm the belief that has been entertained by a rapidly increasing number of the leading men in the profession, that alcohol instead of assisting the patient who was suffering with some serious infectious disease really served to destroy his only chance for recovery. And one can not but cherish the unpleasant suspicions that thousands of pneumonia patients to whom have been administered liberal doses of alcohol have as a consequence joined the silent majority as the poor rabbits did, because they did not have sufficient resistance to deliver them from not only the infection but also the toxic effects of the alcohol.

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After Rubin had noted the depressing effects of alcohol of leucocytosis, he occasionally observed some cases where the animals died with a fairly high leucocyte count, and the idea suggested itself to his mind that perhaps the alcohol also lessened the ability of the leucocytes to pick up the germs. So carmine was injected into the peritoneal cavity of a rabbit, and twenty-four hours later upon examination of some peritoneal exudate it was found that 14 per cent of the leucocytes contained carmine particles, some of them having as many as eight or ten particles. At the same time a similar rabbit was narcotized with alcohol and a similar amount of carmine was injected. Twenty-four hours later only 6 per cent of the leucocytes had taken up any carmine particles.

These results led Rubin to investigate the number of leucocytes in a series of sixty confirmed drunkards, and he found it to average 5300 instead of the normal of 7500. He also found that the periodical drunkards in this list had 1400 more than the steady drunkards.

This interesting investigation suggests that alcohol not only cripples the leucocytes but also the leucocyte-producing organs.

An editorial in the *Journal of the American Medical Association,* in commenting upon these experiments, states:

"With many physicians alcohol has always been the standby in septic conditions. Patients with septicemia are filled with whisky, despite the depressant effect of large doses of alcohol, as if the alcohol was expected to either kill the bacteria in the circulation or at least to neutralize their toxins. * * * No one will question the greater mortality of pneumonia in alcoholics as compared with that in normal individuals, and pus infections usually procure with excessive virulence in patients with delirium tremens; in general, chronic alcoholism to lower decidedly resistance to infectious diseases. It is, therefore, quite reasonable to question the idea that acute alcoholic intoxication will protect against these same infections."

Snel has shown that alcohol will even suspend immunity that has developed against a specific microbe, and Metchnikoff mentions an investigator who succeeded in killing by cholera infection guinea pigs who had been highly immunized against this disease by merely giving before the inoculation a preliminary injection of small quantities of tincture of opium. This retarded the phagocytic action sufficiently to make the animals lose their immunity and render them an easy prey to the vibrionic infection.

Metchnikoff offers the following comments upon the influence of alcohol on immunity against infection:

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"Although the phagocytes belong to thee most resistant elements of our body, yet it is not safe to count on their insensibility towards poisons. We have seen how they are harmed even by small doses of opium. * * * It is well known that persons who indulge too freely in alcohol show far less resistance to infectious diseases, especially to croupous pneumonia, than abstemious individuals. The vaccinations against the hydrophobia carried out on persons bitten by mad animals are almost always successful; but those cases in which the treatment does not stop the outbreak of the disease are most frequently observed in individuals addicted to alcoholism.

"In pursuance of this observation, Delearde, of the Pasteur Institute in Lille, has undertaken a series of experiments which have proved to him that the absorption of alcohol is without a doubt a grave obstacle to the immunization against hydrophobia. At the same time he found that rabbits to which he administered alcohol in the course of immunization against anthrax died of this disease, whilst the control animals, which were given no alcohol, could be vaccinated without any difficulty.

"Abbott has confirmed these experiments by proving that animals, if subjected to the influence of alcohol, become more sensitive to the harmful effects of several microbes, such as streptococci, staphylococci and bacterium coli. Later on, Laitinen carried out a great number of experiments from the same point of view and with similar results. Our interest centers mainly in his experiments on the vaccination against anthrax. To a number of rabbits alcohol was administered for several days in succession; they were then injected subcutaneously with a small dose of the first vaccine of anthrax. Six animals thus treated died after a more or less prolonged illness; all of these contained anthrax bacilli in their blood and organs. Of four control rabbits which received the same dose of the same vaccine, but to which no alcohol had been administered, only one died, whilst the other three enjoyed perfect health. Several other experiments furnished similar results.

"Alcohol, therefore, suppresses the natural immunity of rabbits towards the first vaccine of anthrax. This impairment of their resistance was manifested by the inactivity of their white blood cells; thus the bacilli were permitted to multiply without being checked by a sufficiently strong phagocytic reaction. * * *

"Besides its deleterious influence on the nervous system and other important parts of our body, alcohol, therefore, has a harm-

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In feeble old age and in all cases of chronic weakness Colden's Liquid Beef Tonic, when administered in doses of two tablespoonfuls ten minutes before each meal, acts as a therapeutic crutch. It supports and uplifts the enfeebled organism by increasing the activity of the nutritive processes.

Colden's Liquid Beef Tonic acts on the entire digestive tract. It sharpens the appetite and increases the quantity and quality of the gastric juice. Food is better digested, nutrition is improved, a feeling of well-being is produced, and the declining years of life are made more comfortable. Write for sample and literature. Sold by all druggists.

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ful action on the phagocytes, the agents of natural defense against infective microbes. * * *

"As a logical consequence of the experiments on the weakening of immunity under the influence of alcohol, it has been suggested to eschew this substance in the treatment of infectious diseases. Without wishing to enter into a discussion of this question * * * we must strongly insist on the danger of alcoholism with regard to the risistance against pathogenic microbes."

In view of these unquestionable facts which have been developed by the most painstaking experiments, is it not self-evident that the physician who depends upon alcohol in the sick room leans upon a broken reed? It is clear that the body regards alcohol not as an aid in its struggle for existence but as a dangerous foe. As the body is compelled to fight this enemy, its opsonic index may be temporarily increased, and there may be other similar indications of the struggle thus provoked, just as there is when it is compelled to wage a warfare against any other toxins. But such evidence will never lead the observing student of nature and her operations to blindly conclude that they represent anything other than a definite resistance to a toxic agent.

Increase and Cause of Insanity.

There are a number of known causes in the production of insanity, but heredity and alcoholism are the two most prominent factors. The ratio of insanity in Texas is increasing in proportion faster than the population. If the same ratio continues to exist the next ten years as it has in the past ten, we will need ten asylums to care for our insane, which will require the expenditure of three and one-half to four millions of dollars to maintain these institutions. In discussing the cause of insanity, Dr. T. C. Powell, who is today and has been superintendent of the Georgia Lunatic Asylum for over forty years, says: "Fifty per cent of all cases that have come under my observation, and perhaps a much larger per cent, is due to insane temperament. This inherited predisposition is due to the structural and physiological defects of the central nervous apparatus. But to what are these inherited tendencies due? They are more largely due to alcoholism than any other cause." He goes on further and says, "While a very small per cent of insanity is directly due to alcoholic liquors, from 50 to 75 per cent is indirectly due to it."

A large per cent of the most distinguished physicians of this

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JUDD Q. LLOYD, - - President.

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country and Europe, who have given the subject of alcoholic heredity any investigation, say that from 50 to 75 per cent of insanity is caused directly by alcoholic liquors, visiting its effects upon the children by drunken parents.

Dr. Blanford, an eminent authority on insanity and its treatment, says: "Insanity increases in Europe and other countries in proportion to the amount of intoxicating liquors consumed."

Dr. Stearnes says: "From statistics it appears that all nervous diathesis, which is inherited, is due to alcohol, and there is no agent more disastrous and so potent in the production of brain disease and degeneration."

No well-informed man of today will deny the existence of alcoholic psychosis. To reject this doctrine is equivalent to denying the existence of God.

Alcoholic heredity and psychosis have been taught and recognized since the days of mythology, transmitting different forms of degeneracy, for which the present and future generations will pay heavy penalties.

At no other time since the dawn of civilization has the arrest of mental and physical development been so marked in your youth. Heart disease of children, alsmost unknown in the first years of the last century, are calling for methods of cure and institutions for their treatment. History supports the statement that in savage life, where we have no disturbing agencies, like alcohol, morphine, cocaine and tobacco, we have no insanity, but as we enter upon civilization and indulge in intoxicants, insanity develops and increases in proportion to the amount of alcohol consumed by the people. The direful effects of alcohol is not only ruining our present race, but the future generations by endowing their progeny with physical weakness and an everlasting thirst for alcohol. The etiological influence of alcohol on the human race is not understood by the masses. When its effects are taught and duly appreciated by the people, it will cease to play such an important part in the production of insanity. No other agent known to science will so completely bar success and impair health. By destroying and lowering the vitality of nerve structures, alcohol launches hereditary influences, and by the transmission gains momentum, and leaves its impact upon the nerve centers, and the mental faculties are demoralized, nerve energies hopelessly enfeebled. As a result of the foregoing, moral nature becomes lowered and the offspring endowed with moral and mental weakness, whose inevitable effect is early decay and death, because

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no agency competes with alcohol in lowering and depleting the powers of resistance to disease.

In support of the above views, I beg to quote Dr. Kraepelin, the most eminent authority on insanity and its treatment in this country, who says: "Over 33 per cent of insanity, epilepsy, idiocy and prostitution shows alcoholism in parents." Upon investigation as to the causes of the various mental disorders who daily come to this institution, we find that the relatives invariably say that the parents or grandparents were addicted to the use of intoxicants in a greater or less degree. This is ample proof that the baleful effects of alcohol are not altogether expended and confined to the generation addicted to it, but they are extended and invade generations to come.

In defending this contention, I submit the strongest evidence when God said he would visit the sins and iniquities of the father upon the children unto the third and fourth generation. When the people arouse to a sense of duty and appreciate the great danger attending the effects of alcohol, indulgence in the pernicious habit will be terminated. I find from careful examination that a large per cent of the young men who have been admitted to this institution of recent years have been addicted to cigarette smoking. I look upon the cigarette habit as being most baleful for young boys, and 95 per cent of the boys addicted to cigarette smoking will later use alcohol or its congeners, which often leads to stealing in order to secure means with which to purchase cigarettes and whisky. As the result of bad heredity and environments, twelve million boys and girls, or one-third of the children of the United States, are debarred from attending the schools of this country by reason of physical and mental weakness. We should not be surprised at this condition of affairs when the internal revenue receipts show that over two billion gallons of whisky, beer and wine were consumed in this country last year. Why be amazed at the increase of insanity, crime and degeneracy? This explains the question as to why the nation spends annually on the insane criminals and paupers "six billion dollars, while her annual wealth is only five billions." When the people of this country arrive at the point where they will obey the laws of God and nature and prohibit their children by law from intermarrying into families of weak diathesis, we will begin to improve physically, morally and mentally. Nerve impairment, however induced, is sure to reach the offspring. Hence the child of a drunkard is in the same category with the child of a lunatic.

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It is a duty of those who are in a position to know these things to warn and teach the people the importance of building up the human race. More I will not say. I have shown that alcohol plays a great part in the rôle of insanity and that it is a most potent factor in the swift decay of the human race.—*From Annual Report of Dr. C. L. Gregory, Superintendent North Texas Hospital for Insane.*

How Not to Recognize Disease.

That some physicians diagnose ailments, in certain cases, not from actual examination of the patient, but from what is told them by other persons, is the somewhat disquieting accusation made by the *Dietetic and Hygienic Gazette* (October). Says a writer in this magazine:

"We have frequently asked ourselves how many times a diagnosis is made by physicians, especially in somewhat obscure cases, by suggestion from the family or friends. Let us illustrate by

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citing a case, which for our purposes may be considered a hypothetical one. A lady is taken suddenly dangerously ill at midnight, the family physician is hurriedly sent for, and is told by the husband and mother before entering the sick chamber that the patient partook of a portion of a bad fish for dinner. The mother is sure the fish was bad because it tasted tainted, further stating that she did not eat of her portion, rejecting the first bite; therefore, the patient must be suffering from ptomain poisoning. The physician finds his patient suffering greatly; there are nausea and vomiting, some fever, with rapid and feeble pulse, cramps in the limbs, and tenderness of the abdomen. Calomel is given, followed by a saline cathartic, brandy, and an opiate, with hot cloths over the abdomen. Thus the patient is left until noon the next day, with instructions to the attendant to give opiates often enough to quiet pain. Thirty-six hours from the onest of attack patient dies. Autopsy requested and made, disclosing death from a ruptured appendix. Now the question arises, would a proper diagnosis have been made if the suggestion of ptomain poisoning had not been given, and in that case could the patient have been saved by timely surgical procedures? The moral of this illustration is for the medical attendant to make the diagnosis in the sick chamber after examination of the patient, and not in an anteroom."—*Literary Digest.*

"Look for the Union Label."

There is a strenuous effort to trade-unionize the American medical profession, even to the extent of requiring the "union label" on all medicinal products, in the form of the indorsement of the Council of Pharmacy and Chemistry of the American Medical Association. Read the following in the March number of the *California State Journal of Medicine:*

"Any remedial preparation that you do not find in the list of 'new and non-official remedies,' as issued by the Council, is one to look upon with suspicion; it *may* be a good and legitimate product, but the chances are that it is not, or that the proprietors have uttered exaggerated statements as to its value."

Are we to assume from this that the Council or its misadvised friends propose to institute a boycott against all medicinal products, whose manufacturers refuse to be fitted to the Procrustean bed which has been especially built for them? It looks so—in spite of the fact that when the Council was established it was dis-

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INFLAMMATION'S ANTIDOTE

APPLY HOT AND THICK

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tinctly stated that the absence of any product from its "extra-pharmacopeia" was not to be regarded as prejudicial to such product. It looks now as if the great Association proposes to raise the cry of "scab" against every manufacturer of sufficient independence of character to refuse to conform to the exactions of the Council, some of which are inane and unjust.

While studying over this proposed boycott, it is worth your while to bear in mind the following facts: That of the 250 odd preparations thus far "passed" by the Council, less than 60 are American; the balance are foreign products, mostly coal-tar synthetics. There are dozens and dozens of these of which the average American physician has never even heard, and whose therapeutic uses are but imperfectly known. Furthermore, please note that of the 59 American products admitted, *one house* has 23. The following American firms are not represented—not even by a single product: H. K. Mulford & Co., John Wyeth & Co., McKesson & Robbins, William R. Warner & Co., Eli Lilly & Co., William S. Merrill Chemical Company, Lloyd Brothers, The Abbott Alkaloidal Company, and also practically all of the proprietary manufacturers, good, bad, or indifferent—in fact, we can now think of but one of the last which has been let in, and that one with a product which is a spy employe pirated imitation of antiphlogistine.

It is also worth while to remember that of the fifteen members of the Council *not one is a practicing physician.* Practically all are pharmacists, pharmaceutical teachers or chemists, not one of whom is fitted, by practical experience, to pass upon the therapeutic efficiency of a single preparation; and yet they can "blackball" on the charge of "exaggeration"—as well as upon a number of other points having no bearing upon the merit of the preparation whatever. Yet the findings of the Council are to be made the basis of a systematized attack upon all manufacturers who decline to apply for admission, for any reason whatsoever, to the "extra-pharmacopeia"—is that what we are to understand? Let us have a frank statement of your purpose, gentlemen. It will clear the atmosphere.—*Clinical Medicine.*

Guaiacol Cinnamate.—In the intestinal tract, guaiacol cinnamate becomes decomposed and liberates the guaiacol. The powder is said to be without smell or taste, and has been employed in obstinate diarrheas and at the beginning of tuberculosis. It is given in doses of 1 gramme daily, in four doses, to children at the breast, or 1 gramme 50 centigrammes to older children. Adults can take 1 gramme four times a day.—*Journal de médecine de Paris.*

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PREPARED ONLY BY Charles Marchand *Chemist and Graduate of the Ecole Centrale des Arts et Manufactures de Paris (France)*

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THE TREATMENT OF ALCOHOLISM.—The treatment of alcoholism often requires the use of vigorous tonics, and none will give more satisfactory or prompt results than Gray's Glycerine Tonic Comp.

STEPHENTOWN, N. G.

The Anasarcin Chemical Co., Winchester, Tenn.

GENTLEMEN: In reply to yours of the 25th inst. will say the sample package of Anasarcin tablets was received. I gave them in a case of cirrhosis of the liver with ascites in which I had tried usual remedies without any apparent effect. I had decided to tap the patient when my attention was called to your remedy, and although very skeptical about its being of any benefit, I gave it a trial. It "worked like a charm," entirely relieved the ascites and a month has now elapsed and there has been no return of the trouble.

In the future I shall use your remedy in all cases of dropsy for now I have great faith in it.

Thanking you for the sample, I am,

Yours truly,

C. A. CHALONER.

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Physiological Experiments on Meatox.

Meatox is a pale yellow, granular powder, having the odor and taste of celery, with which it is flavored.

Its composition, according to my analysis of March 28, 1907, is as follows: 73.54 per cent of proteids, 4.5 per cent of salts, and 12 per cent of fats.

It does not dissolve in cold water, but imparts to the water an opaque color. When applied in a solution to the frog's heart it increases the rapidity of the beat for a short time, then makes the beat stronger.

The effect on blood-pressure in the human subject was noted. A man was fed on Meatox, bread and butter, water, a little hot tea, without milk, and fruits and berries with a little sugar for ten days. Blood-pressure was estimated with a Rivi-Rocci sphygmomanometer, the systolic pressure being only recorded. Before starting in on the Meatox diet, the radial systolic pressure was 115 millimeters of mercury, while at the close of the diet the radial systolic pressure was 118 millimeters of mercury.

The effect of Meatox was tried on intestinal peristalsis. The effect was studied after the method of Professor Magnus, of Heidelberg. A piece of the small intestines of about 10 centimeters in length was taken from a rabbit. This was placed vertically in a glass containing about 225 cubic centimeters of a modified Ringer fluid kept to the temperature of 37.5 C. One end of the intestine was attached to an L-shaped glass rod by means of an S-shaped pin hook, and the other end to a Porter's heart lever slightly weighted.

Oxygen was allowed to pass through the solution all the time. Before the Meatox was added contractions were recorded, to get about as near normal contractions as possible. About 2 decigrams of Meatox were then added, and it was noted that the tonus of the contractions increased but the frequency remained about the same. When larger doses of Meatox were added to the intestine the frequency became a little slower, but the tonus and force of contractions increased quite markedly.

The effect on voluntary muscles was studied by soaking the gastrocnemius muscle of a frog in a watery solution of Meatox. The muscles were allowed to soak in this for various lengths of time, ten or fifteen minutes being the usual periods.

The recording of the effect of a maximal break electric shock was noted on a smoked drum by means of a Porter's muscle lever and moist chamber. The muscles contracted very rapidly. Both the systole and diastole were very rapid, and when a strong tetanizing current was added it was noticed that the contractions became stronger after the current was on for a few seconds. Return to the normal was gradual. From this it appears to assist in muscular contraction.

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The above deductions convince that Meatox as a concentrated food is an easily digested, assimilated and sustaining condiment. It is the first in the field of foods as a true, highly-organized proteid food. Acknowledgment is here made of the valuable assistance rendered by Joseph F. Ulman, M. D.

IT CERTAINLY is of interest to medical practitioners to know that a very powerful antiseptic, germicide and disinfectant has been discovered which is practically free from all danger. The name of the product is Chinosol, the exact chemical name being potassium oxychinolin sulphonate.

The eminent German authorities, Beddies and Tischer, in the *Allg. Med. Centr.-Zeitung,* state the power of Chinosol in arresting diphtheria, cholera, typhoid and saprophytic bacteria to be thirty to fifty times greater than carbolic acid. They state, in fact, that the bactericidal power of Chinosol is simply enormous.

Professor Steenhuisen reports Chinosol as being far superior to corrosive sublimate or carbolic acid.

Professor Emerich reports favorable results in the treatment of ulcers and infected wounds with a Chinosol solution even as weak as 1 to 40,000 and yet over 125 grains of pure Chinosol have been administered to a rabbit for three consecutive days without any undesirable results whatever.

The value of Chinosol in catarrhal trouble is said to be very pronounced.

THE USE AND ABUSE OF CARDIAC STIMULANTS (*Therapeutic Gazette*).—"In this article the author discusses the common disregard of certain essential details concerning the action of cardiac stimulants. Physicians themselves probably suffer more as a class from this abuse. The "tired heart" commonly existing among physicians usually receives at their hand excessive doses of digitalis instead of the indicated rest. Strong coffee and other adjuncts are also self-prescribed, causing an increase of the cardiac disorder. Another erroneous use of cardiac stimulants is their employment in a state of undue excitation, in which condition cardiac sedatives are needed. Not uncommonly cardiac irregularity calls for small doses of aconite or veratrum viride. Again, a patient with feeble heart receives digitalis when in reality the cause of the feebleness lies in a degenerated heart muscle, which is incapable of gaining any advantage from this drug. In fact, by contracting a blood-vessel digitalis increases the labor of the heart. Under these circumstances strophanthus or cactus, the action of which is cardiac, but slightly, if at all, vascular, should be used."—*Interstate Medical Journal.*

This is one of the numerous instances in which cactus is advantageously used. The expressions of the medical profession on Cereus Grandiflorus and Cactina Pillets, which truly presents the therapeutic properties of the drug in the highest form, are very

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encouraging. It seems that any drug that offers assistance in cardiac complications, and especially if it is devoid of the objectionable features of stronger cardiac remedies, should command the earnest attention of the bedside practitioner.

A Successful Treatment for all Narcotic Addictions.

The habitual use of narcotic drugs has become so prevalent that every physician has this class of cases to contend with in his practice.

Physicians, as a rule, make it a practice to turn patients of this class away without encouragement, consequently the habitue has been forced to seek relief through nostrums advertised in the newspapers.

For the convenience of the physician desiring to prescribe successfully for drug habitues, the Combs Chemical Co. has perfected Hyos-Sco-Phine Tablets, presenting therein a combination that will instantly appeal to the physician as a rational treatment for narcotic drug addictions.

Hyos-Sco-Phine Tablets contain hyoscyamine, scopolamine, piperidine, pilocarpine, caffeine and morphine in graded doses, quantitative formula appearing on every bottle. The combination is antidotal, eliminative and supportive. The treatment extends over such a period of time as to enable a very gradual withdrawal of the opiate, thereby avoiding the unpleasant experience of the patient under the hyoscine and other methods in use. To physicians sending information as to the kind and quantity of narcotic drug used by any patient the Combs Chemical Company, of St. Louis, will send price list for treatment adapted to the case, or will make quotation on any special treatment which may be desired.

The Serum Treatment of Exophthalmic Goitre.

Harriet C. B. Alexander (*The American Practitioner and News*, August, 1907) discusses the subject and reports thirteen cases. Four principal theories of the disease have been advanced: (1) That it is due to disease of the sympathetic nervous system; (2) that the seat of the malady is the medulla oblongata; (3) that it is primarily a disease of the thyroid gland, and (4) that it is a neurosis.

Modern therapeutic measures have been largely based on the "thyroid" theory. The results of partial strumectomy indicate that the successful removal of a portion of the thyroid gland can lead to cure or to definite amelioration of the condition. On the theory that the thyroid secretion normally neutralizes certain general metabolic poisons in the body, Moebius and others conceived of treating cases of exophthalmic goitre, in which there is presumably an excess of thyroid secretion in the body, by introducing

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Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

57-59 Prince Street, NEW YORK.

subcutaneously, or by the mouth, the serum of thyroidectomized animals. It was hoped that the non-neutralized general metabolic poisons of such animals would nullify the toxic effect of the excessive thyroid secretion. As to the treatment, experience has shown the great importance of general measures: complete rest for a time, fresh air, careful diet, mild balneotherapy, etc.

The name Thyroidectin has been given to a preparation obtained under aspetic precautions from the blood of animals from which the thyroid glands have been removed, and which is exhibited as a reddish-brown powder contained in capsules, usually five grains each. Carefully conducted clinical trials seem to show that Thyroidectin can be depended upon to control the characteristic symptoms of exophthalmic goitre. In most cases the patient experiences much relief from the restlessness, tremors, insomnia and other nervous symptoms so frequently present, and a gradual lessening of the frequency of the pulse rate, decrease in the size of the glands, and a diminution of the exophthalmos, with an increase of weight and a much better condition generally. The dose of Thyroidectin seems to be one or more capsules after each meal, according to the judgment of the physician and the reaction of the patient.

In nine of the author's thirteen cases the size of the gland was materially reduced, and in every case improvement was observed with respect to one or more of the symptoms.

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A Delightful Revelation.

The value of senna as a laxative is well known to the medical profession but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California Figs is a delightful revelation and, in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs..... .....75 Parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only.....25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action, acceptable to the taste and never followed by the slightest debilitation.

Its Ethical Character.

Syrup of Figs and Elixir of Senna is an ethical proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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The publisher is not responsible for the views of contributors.

For the Texas Medical Journal.

Wright's Principles of Vaccine Therapy.*

BY H. N. GRAVES, M. D., GEORGETOWN, TEXAS.

Wright's principles of vaccine therapy are founded on the knowledge of immunity and of the formation of immunizing substances in the body against the invasion of pathogenic or diseases producing bacteria.

Immunity is resistance to disease, and is classified as active and passive.

One is said to have active immunity to a certain infection when the cells of his own body have been stimulated to the production of the resisting or protective substances. Active immunity to some diseases, such as typhoid, scarlet fever, measles, etc., is obtained by recovery from the infection, or by the artificial stimulation of the body cells to produce the resisting or protective substances; for example, vaccination for smallpox.

Passive immunity may be obtained by injecting into the individual immunizing substances which have been derived from another animal; for example, diphtheria antitoxin from the body of a horse.

The process of immunization includes (a) leucocytes, which come into consideration in connection with the resistance to bacterial infection by virtue of the fact that they are capable of ingesting bacteria and of disintegrating these by intercellular digestion; (b) antibacterial elements of the blood fluid, these being

*Read at annual meeting Seventh Councilor District Medical Society, Austin, Texas, December 19, 1907.

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"bacteriotropic" elements in the sense that they turn toward and enter into combination with the elements of the bacterial body.

The effect of the blood fluids on the bacterial body may kill the bacteria without dissolving them; they may be both killed and dissolved, or they may be so altered as to agglutinate in the presence of salt. Finally the bacteria may be so altered as to be readily ingested by the leucocytes.

The first two, viz., when the bacteria are killed with or without solution, are grouped as bactericidal and bacteriolytic effects respectively.

The substances in the blood which so alter bacteria as to render them readily ingested by the leucocytes are called opsonins by Wright. These opsonins are present in the circulating blood and tissue juices. Their identity is still under examination. They combine with bacteria and render them susceptible of being taken up and digested or destroyed by the leucocytes (phagocytes), hence the name opsonins from the Greek, opsono, "I convert into palatable pabulum."

Of the four varieties of the bacteriotropic substances the opsonins appear to be the most important.

The opsonins against any given infection may be increased by injecting subcutaneously small doses of the killed germs of the same species causing the infection.

The measure of the power of the blood-serum of an infected individual to prepare bacteria for ingestion by the leucocytes, compared with the serum from healthy individuals, is termed the "opsonic index." The opsonic index of healthy blood is taken as 1. For example, 100 leucocytes ingest 500 staphylococci treated with healthy serum. Using the serum of a person suffering with pustular acne, 100 leucocytes may take up only 400 staphylococci, the opsonic index of this person would be (500:400:1:0.8) 0.8.

For the determinations of the opsonic index, a measured quantity of a bacterial suspension is mixed thoroughly with equal amount of blood-serum (the opsonins being contained in the serum) and an emulsion of healthy leucocytes. This mixture is then incubated for several minutes to permit the opsonizing action of the serum on the bacteria and to allow the prepared organism to be ingested by the leucocytes. Slides are then made from the mixture and after staining, the number of bacteria in 100 leucocytes is counted.

Immediately after the injection of a bacterial vaccine, a period follows in which the opsonic index falls, due to a decrease of the opsonins in the serum. This is known as the "negative phase."

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This is followed by a "positive phase," when there occurs an increase of opsonins in the serum. The opsonic index is above the normal and it is at this time that improvement is looked for in the symptom after the use of bacterial vaccine. It is possible to maintain this condition of high opsonic index by proper dosage of bacterial vaccines and careful spacing of intervals between doses.

It is therefore important to know when to administer bacterial vaccines for the purpose of maintaining a high opsonic index. It is manifest that the administration of the vaccine during the negative phase will still further lower the opsonic index, and that the injections, to produce therapeutic effects, must be administered during the "positive phase."

The existence of the "positive phase" may be ascertained either by taking the opsonic index or by noting the condition of the patient clinically. The negative phase is characterized by a "reaction" in which there is elevation of temperature, aggravation of the local symptoms, and a feeling of malaise. Not until the reaction is over is another injection to be given. The rule now being observed is to use doses sufficiently small not to produce a reaction, thus obviating the danger of giving doses during the "negative phase."

In regard to the site of injection, Wright says that every inoculation which is undertaken for therapeutic purposes deserves to be carefully considered in connection with the site of the focus of infection which is to be influenced. It will not suffice to inject the bacterial vaccine into any region of the subcutaneous tissue which may happen to present itself as convenient. The protective substances are elaborated in the tissue at the site of injection from which they find access to the blood channel. If the blood channel to which they find access does not lead to the focus of infection, the newly elaborated protective substances will not come into operation on that focus until they have been diluted by the whole volume of the blood. The inoculation, therefore, should be made "upstream" from the focus of infection, i. e., in some part of the lymph watershed which drains through the focus of infection. Unless the blood serum with its higher opsonic content is able to "get at" the local infection there can be no improvement although the opsonic index of the blood may be high.

When the bacteria from which the bacterial vaccine is prepared is obtained from infected individuals and intended to be injected into the individuals from whom the original cultures were obtained they are called "personal," "autogenous," or "identical" vac-

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cines. When the vaccines are used in the treatment of similar infections occurring in other individuals they are called "stock" vaccines.

As the name vaccines more properly applied to Jenerian vaccination, the term "bacterins" has been suggested as more accurate descriptive names for bacterial vaccines. It has been found that "stock" vaccines or "stock" bacterins may be employed with equal benefit to autogenous vaccines in the treatment of certain infectious diseases, especially those due to staphylococci, gonococci, bacillus pyocyaneus, and bacillus tuberculosis.

Bacterial vaccines are contraindicated in acute diffused infections characterized by toxemia. The best results are obtained in subacute and chronic conditions. However, in some acute infections to be described later, bacterial vaccines have been very successfully employed.

The object in treating any infection with any bacterial vaccine is:

1. The production of a highly opsonized serum and lymph.

2. The bringing into contact the opsonized fluid with the infecting organism. For example, Wright and Douglas have demonstrated that the opsonic power of effusions is less than the circulating blood. Therefore, bringing into contact with bacteria and highly opsonized blood serum is the object of removing the exudate by tapping, purgation and other well known measures. This explains the beneficial results in the treatment of tubercular peritonitis by laparotomy and the removal of pleuritic exudates.

In abscess there exists another factor, viz., a ferment which not only destroys the leucocytes but also destroys the opsonins of the surrounding blood. The object in the opsonic treatment of an old suppurating abscess is to destroy bacteria by providing a highly opsonized blood serum, and at the same time to safeguard the tissues and the leucocytes from the digestive power of the ferment, by replacing the pus by highly opsonized lymph from the circulating blood. This is accomplished by draining off the pus in a suitable manner, and applying substances which attract the flow of the lymph and at the same time reduce the coagulability of the blood and thus maintaining the supply of opsonized blood.

The conditions obtaining in sinuses are alike those which prevail in an abscess which is discharging without emptying itself; there is a pus-fluid possessing low opsonic power, which exerts a digestive effect on the tissues, and makes itself manifest by the sodden, unhealthy appearance of the surrounding skin. The ob-

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stacles to the inflow of lymph in a choked sinus are the density of the granulation tissue, and the lining membrane of fibrin. For the dislodgment of bacteria from the walls of such a dry sinus something more is needed than a mere increase of the opsonic power of the blood and circulating lymph.

As above stated, a deficient flow of lymph and the formation of a lining of fibrin of its walls are favorable to the survival of microbes in the sinus. These conditions may be combated by introducing into every dry sinus a solution of 0.5 per cent of citrate of soda and 10 per cent sugar (or in lieu thereof a solution of 0.5 per cent citrate of soda and 5 per cent sodium chloride), supplementing this treatment when necessary by Klapp's system of dry cupping.

The citrate of soda prevents coagulation and scabbing by decalcifying the lymph, and the sugar or salt, acting by osmosis causes fluids to transude from the blood vessels. Under the influence of these applications the clear lymph begins to well out from the previously choked sinuses and the local conditions rapidly improve.

Autoinoculations follow all active and passive movements which affect a focus of infection and all vascular changes which activate the lymph stream in such a focus.

In discussing the comparative merits of treatment by induced autoinoculation of bacterial vaccines, Wright calls attention to the fact that we have in spontaneous autoinoculation, in artificially induced inoculation, and in the inoculation of bacterial vaccines, the three great agencies by which immunizing responses are evoked in the organism. He states with confidence that the immunizing effects which are achieved by autoinoculation are far more expensive in the respect that the patient obtains a much smaller yield of protective substances, for an equivalent of intoxication; and he calls attention to the fact that there is no risk of disseminating living bacteria in the organism if bacterial vaccines are employed instead of autoinoculation because they are sterilized. He then goes on to point out in detail the disadvantages of autoinoculation as compared with the advantages to be obtained from bacterial vaccines.

Wright says that the question as to whether vaccine therapy can or can not be employed in septicemic diseases is a question which ought to be approached without bias and one which can be decided only by experiment. In his opinion bacteriotropic substances are manufactured locally by the tissues, and, obviously,

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the conditions for successful immunization will be less favorable when the vaccination elements are thrown into the circulation of the blood than when they are inoculated directly into the tissues. For, in the latter cases, they will come into application on the tissues in a concentrated form, which will not be the case if these substances are diluted by the whole volume of blood. It is, therefore, rational to assume that, from the point of view of his immunization, such a patient might derive advantage from the inoculation of bacterial vaccines.

Wright summarizes briefly his experience of the practical results of vaccine therapy, commencing with the type of bacterial infection which presents the simplest therapeutic problems.

First. *Penetration of Single Species of Micro-organisms in the Body.*—Typical examples are (1) when tubercle bacilli have effected a lodgment in lymphatic glands, (2) when staphylococci have penetrated into the subcutaneous tissue, causing as yet only suppurative (furuncular) as distinguished from necrotic (carbuncular) changes.

In Wright's experience, all but unifomly successful results have been achieved by vaccine therapy, in furunculosis within a few days, in tuberculous infections of the lymphatic gland, between five weeks and eighteen months—on the average of about six months. The same observation applies to tubercular infections of the testicle and to simple tubercular infections of the kidney and urinary passages, also (reservedly on account of the author's restricted experience) to early cases of tubercle of the lung.

Second. *Ulcerative Type of Infection.*—This type is met in connection with the breaking down of nodules in the deeper tissues, or with the penetration of superficial infections into the deeper tissues. Except when secondary infections have supervened this type is as tractable to vaccine therapy as the one just mentioned. If anything, an open ulcer uncomplicated by secondary infection is more tractable than a localized infection in the deeper tissues. An ulcer which starts from the surface ultimately penetrates to the lymph-bearing strata, and, when it has done so, the lymph wells up through the floor of the ulcer and becomes affected with the micro-organism present.

Third. *Infections of the Skin.*—In their relations to bacterial therapy affections of the skin may be divided in two classes: Dry, scaly, non-vascular, and the vascular. The former is extremely intractable and the latter very tractable, according to the author's

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opinion founded on his own experience. A typical example of the former is furnished by the superficial scaly form of lupus (so-called lupus psoriasis); of the latter pustular acne and pustular staphylococcal sycosis are examples.

Fourth. *Infections of the Mucous Membrane and of the Glands and Ducts Connected Therewith.*—In the author's experience such infections are readily influenced by vaccine therapy. He had obtained evidence or had experience of successful results in many different infections of the mucous lining of the ear, antrum, nose, nasal sinuses, dental alveoli, and salivary glands, also bacillus coli infection of the intestinal mucous membrane and gall bladder, and in many different infections of the uterus, urinary bladder, and urethra. In case of bladder infections there is generally a bacteriuria. The extinction of the infection of the mucous membrane is not necessarily always followed by the cessation of the bacteriuria, although in five of the author's cases this was the result.

Fifth. *Infections of Sinuses.*—Successful results were obtained by the author when the inoculations from bacterial vaccines were combined with the course of treatment referred to above under the head removal of obstacles to the free-streaming of lymph to a focus of infection.

Sixth. *Mixed Infections.*—In the author's opinion the suggestion that mixed infection must necessarily be considered in every case of phthisis, lupus, tubercular caries, tubercular cystitis, and tubercular ulceration, will not be acceptable to many clinicians, however, whether acceptable or unacceptable, there is no escape from the fact that practically every case of suppurating lupus is complicated by staphylococcus infection. And what is true of lupus is also true of every tubercular affection to which microbes can find access.

Having called attention to the magnitude and far-reaching nature of the tissue involved in the treatment of mixed infections, Wright considered the question of the results achieved by vaccine therapy. These he divided as follows:

First. *Case in Which Vaccine Therapy is Directed to the Destruction of Only One of the Infecting Microbes.*—In regard to cases in which vaccine therapy is directed to the destruction of only one of the infecting microbes, the employment of vaccine therapy directed to the destruction of a single species of microbes it usually leaves the other species quite unaffected. In exceptional cases, the extinction of one of the microbes under the in-

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fluence of the corresponding vaccine has indirectly led to the extinction of the other. Sometimes—and this applied in particular to surface infections of mucous membranes or ulcers—vaccine therapy directed to the destruction of one infecting microbes conduces to the multiplication of the competing microbes.

Second. *Case in Which Vaccine Therapy is Directed to the Destruction of all Infecting Microbes.*—Successful results have been obtained, notably in lupus, cystitis, and endometritis, when in cases of mixed infection measures were taken to immunize the patient against each of the different infections. The patient does not find the task of responding to a series of different vaccines, administered in appropriate and properly interspaced doses, more difficulty than the task of responding to one variety of vaccine only.

Third. *Generalized Infections.*—In association with his fellow workers, Wright had, up to the date of his lecture, treated by vaccine therapy some half dozen cases of Malta fever and an equal number of cases of streptococcal septicemia. The Malta fever cases were favorably influenced. In the streptococcal septicemia cases a complete cure was achieved in a case of malignant endocarditis.

For the Texas Medical Journal.

Shock in Its Relation to Anesthesia.

BY EMORY LANPHEAR, M. D., PH. D., LL. D., ST. LOUIS, MO.,
Professor of Surgery in the Hippocratean College of Medicine.

Much of that which we have been pleased to call "shock" in the past is now recognized as supersaturation with ether or chloroform in some cases, but more particularly poisoning from retained carbon dioxide in most—either alone or with too much anesthetic vapor. This is particularly demonstrated by the effects of hyoscine-morphine anesthesia (used hypodermatically) shock, except that due to profound loss of blood, has been practically eliminated from the work of those who use this method.

The terms "surgical syncope," surgical "shock" and "collapse" have been used rather vaguely and indefinitely by authors in the past. Recent investigations show that three different conditions are included under the term

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SHOCK.

(1) Circulatory shock, (2) respiratory shock, (3) nervous shock; to which may well be added (4) composite shock—a mixture of two or all three of the preceding.

1. *Circulatory Shock.*—Syncope may be due to so great loss of blood as to render the brain profoundly anemic; in which case death may occur before the patient can be revived (as in great hemorrhage in trauma, or by serious, continued loss of blood during operative work). Or it may depend upon vaso-motor disturbances of such degree as to temporarily menace life, caused by the character of injury or surgical procedure; belonging, therefore, to the group of "nervous shock," although the immediate symptoms are caused by cerebral anemia:

Circulatory shock, as seen upon the operating table, is about as follows: The patient has been doing well, apparently, in spite of perhaps enormous loss of blood; suddenly there is marked pallor of face and lips, a feeble or imperceptible pulse, cold and sometimes clammy extremities, dilatation of pupils, shallow respiration—general collapse. Here the trouble is not weakness of the cardiac muscle (hence strychnine in circulatory shock is worse than useless), but insufficiency of blood in the heart chambers; there is not enough blood to permit the requisite amount to be sent to the brain. Unless something can be done to quickly restore cerebral circulation death from acute anemia of the brain will follow.

It is in this class of cases that greatest benefit is to be derived from hypodermoclysis, or in condition of great peril from intravenous injection of normal salt solution or even transfusion. As a matter of fact, injection of salt solution for shock is strictly indicated only in this class of cases; hypodermoclysis as well as hypodermatic injection of strychnine being greatly overdone—used injudiciously, if not harmfully—in every part of the world. Preceding hypodermoclysis the head of the table should be lowered and in extremely bad cases the legs bandaged in order to throw as much blood into the brain as possible; and after return of the patient to bed the foot of the bed must be kept elevated until good circulation is restored.

The same kind of syncope sometimes occurs by sudden change of posture, as when a patient in full anesthesia is raised to the sitting position for adjustment of dressings; but is then purely transitory. Of much more serious character is the "shock" which sometimes follows removal of a huge intra-abdominal growth (typically in tumors of the kidney, or other retroperitoneal

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tumors), which owes its origin to wide dilatation of the splanchnic area, because we do not now possess any agent which can completely and quickly drive the blood from the huge vessels of the abdomen into the brain and skin. Here atropine and glonoin are the indicated drugs, and instant application of heat to the extremities is the next best thing. Lowering the head is also indicated—the exaggerated Trendelenberg position being advisable for some time, with only gradual restoration to the horizontal.

2. *Respiratory Shock.*—The syncope of asphyxia, the supersaturation of the patient with an inhalant anesthetic, the "shock" which often comes on unexpectedly because there has been no great loss of blood, presents much the same symptoms as the circulatory variety, the cyanosis giving way to pallor with dilated pupils and shallow or absent respiration; but the pulse is generally good and in some cases even full and bounding. For here the right heart is embarrassed by distension and labors energetically, tumultuously, to force the blood into the lungs for oxygnation—this continuing until the heart muscle becomes poisoned with asphyxial blood. Most deaths, on the table, from chloroform occur in this way, although it is true, as said by Hewitt, that "there is good evidence that when certain anesthetics are administered in large doses the heart muscle may be suddenly paralyzed, but it is highly probable that when anesthetics are thus administered other important factors capable of bringing about circulatory failure come into play."

Based upon the two statements just made, two rules should be formulated and well fixed in the mind of every anesthetist: (1) The administration of any anesthetic should be begun with extreme care, slowly, with close observation of its effect on pulse; but after anesthesia is well under way the pulse is of only minor import. (2) After the patient is anesthetized the respiration must be the chief guide to safety—any tendency to failure of respiratory effort and particularly any indication to cyanosis must be regarded as a signal of danger and immediately remedied. To wait until there is total abolition of respiration, necessitating cessation of operative procedures and resort to artificial respiration, is, in the vast majority of cases, pure carelessness on the part of the anesthetizer and not "idiosyncrasy" on the part of the patient.

Only too often asphyxia comes from dropping of the tongue into the pharynx or letting the palate close the air passage by permitting the jaw to drop back or down too far. The anesthetist who under such circumstances catches the tongue with forceps and pulls it forward ought to be kicked from the operating room—all

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that is necessary to do is to remove the pillow from under the patient's head and to pull the jaw forward and upward by placing the thumb and forefinger behind the angle of the jaw and making traction forward and upward.

In this form of shock the first indication is to restore breathing by resorting to artificial respiration if the natural efforts have ceased. If they are merely shallow and irregular oxygen by inhalation is the surest remedy if at hand. If not—which is generally the case when wanted—galvanism is of use; but this, also, is frequently not ready when needed. So one must usually depend upon medicines. Here injection of a large dose of strychnine is permissible, though heart stimulation is not the special object to be attained but stimulation of the respiratory center—the heart will take care of itself if the blood can be oxygenated. Digitalin, as increasing the action of the left heart, would seemingly be indicated; but it must be recalled that the left heart is empty, the right surcharged with poison-ladened blood which can not be forced through the inactive lung. The inhalation of aromatic spirits of ammonia is sometimes good. In bad cases of respiratory failure forcible dilatation of the sphincter ani will start respiration. Hypodermic injection of sulphuric ether or of whisky sometimes stimulates the respiratory center into activity.

As soon as the "shock" has subsided (and it frequently disappears almost as suddenly as it comes on) the operation may be completed, under just as little anesthetic as possible, and the patient put in bed as soon as safety will permit; for these are the cases in which so-called "secondary shock" (not due to congealed hemorrhage) is likely to appear.

3. *Nervous Shock.*—This form of shock is best illustrated by the man whose leg is run over by a locomotive; the loss of blood is not great, the mere observance of a limb should not ordinarily prove fatal, the pain though sudden and excruciating is not greater than often borne, yet the man dies of "shock"—the impress upon the central nervous system has been so great that "reaction" can not take place. Now this exact condition may arise, but fortunately in less degree, during an operation under anesthesia—the "stimulation of the cardio-inhibitory center by afferent impulses through the vagus" being the usual explanation. But, whatever the mode of conduction, by reason of tremendous disturbance of the vaso-motor system this form of shock is greatly to be feared; and there can be no doubt that the pernicious influence of the anesthetic itself, in too large quantity, upon the nerve centers has

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much to do with its production. The lesson of the anesthetist is, therefore, to learn how to carry the patient up to the critical period of operation with the smallest possible quantity of anesthetic, whatever it may be, yet have the anesthesia so complete at the proper point that a severance of the great nerve trunks shall not be felt, or that ligation of any huge vessel (like the femoral or subclavian) shall not be attended by any disturbance sufficient to jeopardize life. This is difficult to do and is one of the things which makes the experienced surgeon often say that the responsibility of the anesthetist is frequently greater than that of operator.

In the treatment of this form of shock strychnine finds its proper use: 4 milligrams (1-15th of a grain) may be injected as soon as the shock is apparent. Glonoin, too, is often of advantage in dose of one milligram (gr. 1-67th). Hypodermoclysis is of doubtful utility, though commonly used. This form of shock is almost unknown when the hyoscine-morphine-cactin anesthesia is used—one of the great advantages of this combination.

4. Secondary shock is very often merely the effects of too much anesthetic, plus more or less carbon-dioxide poisoning from replacement of pure air by excess of the vapor of ether or chloroform for a long time. It is particularly apt to occur phen large quantities of ether have been given by a man who believes in "crowding it on" until the patient is cyanotic.

This asphyxiation or carbon-dioxide poisoning, added, to the direct effect upon excretions and metabolism of the anesthetic itself, constitutes the fourth or "composite" variety of "shock" during and after anesthesia.

Its treatment is essentially that of the effects of asphyxia: plenty of fresh air, elimination by the skin (induced by hypodermoclysis if necessary, or by subcutaneous use of pilocarpine); washing out the stomach, in which large quantities of ether (and in less degree chloroform) may be found; free catharsis by giving a large dose of Epsom salt in the stomach at the conclusion of lavage, or by hypodermic injection of salicylate of physostigmine, 1 milligram (1-60th grain) every hour four times, and by use of high enemas containing ox gall and turpentine, and especially by the external application of heat.

Dr. C. A. Smith, Texarkana, Chief Surgeon Cotton Belt line, we are glad to note, was recently elected President of the Tri-State Medical Society—Texas-Louisiana-Arkansas.

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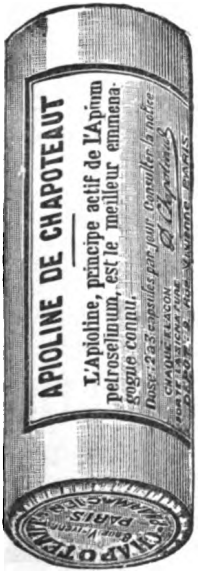
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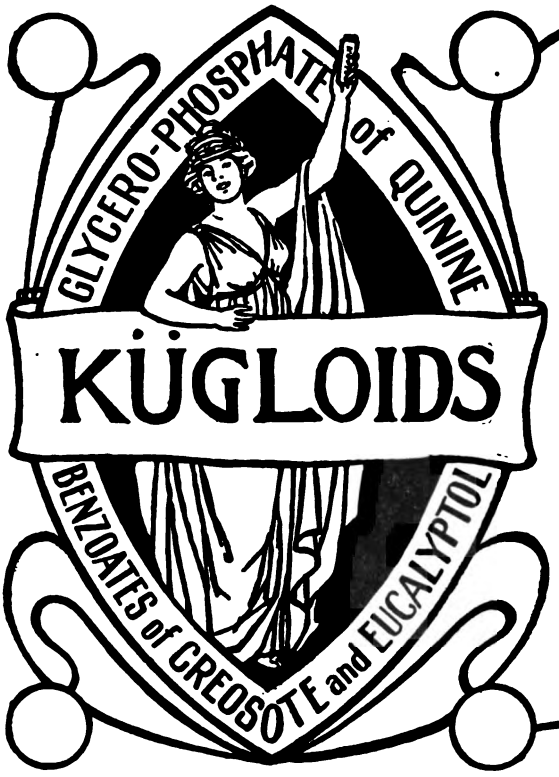

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EDITORIAL DEPARTMENT.

BREAKERS AHEAD.

THE "RED BACK" FLASHES THE DANGER SIGNAL.

Our State Medical Association is a grand body of earnest workers in the cause of humanity. It is an honor to the profession and a credit to Texas. The physicians of the State accord it a loyal support, and are proud of its *cohesion* and virility. The more so because, under the old organization, it lacked both. It had a precarious existence for many years, and crumbling and disintegration characterized it. It exemplified constructive and destructive metabolism. As fast as it would build up it would crumble; so that in 1884 there were 280 members and in 1903 there were 380, or a net gain of only 100 in nineteen years. Meantime the record shows that some 800 or more new members were admitted in that time, and nearly as many dropped out; some from indifference, and failure to pay dues; some because of dissensions, and a downward tendency in the matter of ethics as regards irregulars, and some because of a pronounced tendency to drift into politics.

The membership now numbers 3000, in round numbers, and it is constantly increasing. I am not aware that it has lost a member (except by death) in the four years since reorganization. In that time it has done much excellent work, too recent and too well known to here recount. The success of its official organ, too, has been most gratifying, and, unless we drift onto the shoals and rocks which wrecked the old boat, the prospect is far fair sailing and continued progress and usefulness.

There is the danger. There is loud and outspoken objection to the policy of the House of Delegates in the matter of affiliation with the quacks; but, so far as I have been able to learn, there is a disposition to accept the One Board Bill because it is *an Association measure*, and to sink personal objections in deference to the will of the majority, and for the sake of peace and harmony. The writer vigorously opposed it, believing—as he still believes—that it was an error of judgment; that zeal got the better of wisdom, and led the House to extremes in the matter of reform,—in order to *stand in with* the great medico-political machine in Chicago.

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The general sentiment amongst the older members (and I have many and emphatic letters from some of the "fathers") is that it is a *step backwards,* a retrocession, much to be deplored; and all deprecate and protest against the tendency recently shown, to *drift into politics.* This is the rock upon which we will split, unless wise counsels prevail. The Association must be kept out of politics. It will drive off men now staunch and loyal, and ruin our splendid organization. I have heard expressions (and others have heard them) about like this: "If the Association is to become a political machine, I have attended my last meeting."

In last issue I called attention to this matter and cited an Associated Press dispatch from San Antonio to the effect that the press correspondent had the authority of "one high in medical councils" for saying that the State Medical Association would boycott Davidson and support Looney for Attorney General. No name was called, but the Councilor of the Fifth (San Antonio) District took it to himself, and published a general denial. If he "didn't say it," how did he know that he was meant? It becomes now a question of veracity with him and the correspondent, and we will let it go at that. And we here express the hope that the House of Delegates will promptly repudiate any tendency to commit it as a body to the candidacy of anyone; and demand an avoidance of the subject as foreign to the objects and purposes of the Association and dangerous to its peace, and to its very existence.

In the meantime I had received strong letters from leading men, all over the State, with permission to publish them, protesting against the tendency to politics. But I will suppress them, in the hope that we will hear no more of boycotting one candidate and "whooping 'em up" for another.

* * * * * * * * * * *

I had written the above when I was surprised and chagrined to see that the December number of the Association's official organ—*The Texas State Journal of Medicine*—takes up the subject and openly advocates Mr. Looney's election, enumerating, as he would do from the stump, his actual or supposed claims to the support of the doctors. The editorial closes with: "Hats Off For Looney."

The founders of the *Journal,* its trustees and readers, must have read this, as we did, with surprise and regret. It is not only committing the Association to politics,—it is tantamount to a declaration that it will *take a hand* in the next election, but it is par-

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tizan politics, and will be resented. It is calculated to create a split, inasmuch as Senator Bailey and Mr. Davidson have, each, warm partizans and supporters amongst our membership, as well as strong opponents; and it is generally understood that these gentlemen represent the opposing factions in the issue that will overshadow all others in the coming election, and, that Senator Looney is enlisted under the Bailey banner. The members of the Association will not submit to dictation by the editor, nor approve of the policy of the Association organ in such a radical departure from the purposes for which it was founded. They will exercise the right to vote as they please.

The Association must be steered clear of Scylla on the one side and Charybdis on the other, or it will surely founder. Selah!

ROCKEFELLER, THE PHILANTHROPIST.

Everybody abuses Rockefeller. It's the fashion,—because he has made an immense fortune. I file a brief for the defense; not of Standard Oil, but of this alleged *hard* old fellow. He will live in history as "one who loved his fellow man"—like Ben Adhem; but, unlike Ben, he is one of the world's benefactors. It was a benefaction to distribute coal oil all over the world, to put it in reach of the poorest. Who minds a few cents more or less for a gallon of lamp oil? I remember that, when a boy, I used to get my lessons by a single "star" candle; my father got his by home-made tallow "dips," and he used to say that *his* father got his by "light-'ood"; that is, pine knots split up. Our first lamps burned lard oil, the next were "camphene" and "phosgene," as explosive as dynamite. The introduction of coal oil as a luminant was a distinct advance, and a blessing to millions. Well, Rockefeller made it possible for poor people. Read the "Song of the Shirt." Think what a luxury a coal oil lamp would have been to her who, with a single thread, "sewed at once a shirt and a shroud."

But Rockefeller gave $50,000,000 to education at one pop. Peabody isn't in it a little bit, nor Carnegie, either.

These things, however, I did not intend to allude to. What was in my mind to say was that Rockefeller gave New York City five millions to found an "Institute for Medical Research." This institute is now in operation, and one of the very first—if not the first—discoveries by "research" made possible by this misunderstood and abused old gentleman, is one of inestimable value and far-reaching importance. It is no less than that a small quantity of Epsom salts, hypodermically administered, is an anesthetic, local

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and general, void of the dangers that attend chloroform, ether and cocaine. And this discovery was made by experiment on a dog; perhaps, a "black beauty" or a "fido," whose sorrows are sung by the sentimental and hysterical and compared to which those of Werter, or of Rachel, or of Nioba were trifles. Now, mind you, I love a dog, and I may say as my friend Frank Johnson used to say, the more I see of some men the better I like dogs. "*Not* Cæsar less but Rome more." I love humanity more; and while the necessity of animal experimentation in the laboratory for the advancement of medical science and the prolongation of life is to be deplored, still it is necessary. In another part of this issue I reproduce an announcement of this great discovery, from a Metropolitan daily. Read it. If further developments confirm these statements, Metzler's name will go down to posterity with that of Simpson, Guthrie, Crawford Long, and Koller, the discoverer of cocaine anesthesia.

And, yet, notwithstanding this discovery; notwithstanding all the life-saving and pain-preventing agencies in the hands of the medical profession are the result of discoveries in laboratory research on the lower animals, the fanatics are at work at Albany to prevent the world from getting the benefit of Rockefeller's last donation, the $5,000,000 for laboratory research in animal experimentation.

Editorialets.

DR. J. F. BAILEY, of Waco (Osteopath), has been appointed on the State Board of Medical Examiners, vice Collins, resigned. This is an excellent appointment; the best the Governor could have made, in the opinion of the "Red Back."

DR. J. M. INGE, of Denton, was elected President of the North Texas Medical Society at its recent meeting at Fort Worth. That great society held a rousing and enthusiastic meeting, and they had a swell banquet. Our esteemed contemporary (*Texas Courier-Record*) has a fine writeup of the meeting.

AMONG THE DOCTORS from Texas who are doing post-graduate work at the New Orleans Polyclinic are Dr. M. Rives, Houston; Dr. J. D. Phillips, Tyler; Dr. J. L. Guest, Lockney; Dr. J. R. Kight, San Angelo; Dr. J. W. Miller, Hillsboro; Dr. A. M. Anderson, Kennedy, and Dr. M. B. Canon, Moscow.

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DR. H. N. GRAVES, the popular and well known "serum" apostle, for many years detail man for Stearns & Co. (who "drapped their money pu's" when they let him go), is now traveling in Texas in the interest of Parke, Davis & Company. It is a safe bet that the "sweet singer" has more friends to the square mile than any man in Texas. His zeal in the cause of serum therapy is only excelled by his profound knowledge of the subject and its literature. Parke, Davis & Company are indeed fortunate in securing his services.

A BOARD OF COMMISSIONED MEDICAL OFFICERS will be convened to meet at the Bureau of Public Health and Marine Hospital Service, 3 B Street S. E., Washington, D. C., Monday, January 20, 1908, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health and Marine Hospital Service.

Candidates must be between 22 and 30 years of age, graduates of a reputable medical college, and must furnish testimonials from responsible persons as to their professional and moral character. Write for details if interested.

AMONG MY NUMEROUS CHRISTMAS GIFTS, there was none more acceptable than a shipment of Listerine and Dermatic Soap with the compliments of the manufacturers, Lambert Pharmacal Co. Listerine is simply indispensable in the family. It is the best intestinal antiseptic I know and almost a specific in nausea, diarrhea, etc.; it is the best antipruritic, and after shaving, or bath, it is a delightful and soothing application. As a gargle, or mouth wash, it is cleansing, healing and delightful. No family should be without it.

We acknowledge, too, with thanks, an acceptable little present of a leather pocketbook from Antiphlogistine—the Denver Pharmacal Co., together with a paid-up accident policy for $2500.

JOURNALS MAY COME and journals may go, but the "Red Back" goes on forever (with apologies to Tennyson). Notwithstanding the stringency, and the efforts of the Octopus and ye council to boycott us, the old guard is standing pat and swearing by it, while new fellows are subscribing freely. And my ad. patrons are standing by me like little men. One of the biggest and best New York agencies (O'Gorman), in renewing contract for 1908 for three pages, and paying *for it in advance,* writes: "While

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numerous changes and eliminations have taken place in the lists concerned, you will note that the 'Red Back' is not affected thereby."

BLACK EYE FOR NATIONAL DEPARTMENT OF PUBLIC HEALTH.—Mr. Roosevelt has written to Dr. Fisher, Chairman of the A. M. A. Committee of One Hundred, whose mission was to secure legislation in the interest of public health, specifically, an act of Congress creating a Department of Public Health with a Secretary, in the President's Cabinet, expressing himself as opposed to such measure, and says that the country does not need a Secretary of Public Health; that there are Cabinet officers enough. Mr. Roosevelt says that a bureau (a kind of sub) in one of the departments is sufficient. Well, we have that, and what does it amount to? Really, it looks as if it were not "worth while" to try to open the eyes of our lawmakers to the fact that the public health is paramount, and that all else depends upon it. Heigh ho!

IN MEMORIAM.—Frederic Roberts, M. D., Medical Department University of Tennessee, 1907. Born in Nashville, Tennessee, October 13, 1886; youngest son of Dr. Deering J. and Mrs. Rachel Lavina Roberts. Died at the family residence on Linden Avenue, Nashville, at 11 a. m., Sunday, December 8, 1907.

The JOURNAL extends sincerest sympathy to its old friend Roberts, the Nestor of the medical press.

"We will be patient, and assuage the feeling
We may not wholly stay,
By silence sanctifying,—not concealing
The grief that must have sway."—D.

CHRISTMAS REMEMBRANCES.—The heart of ye editor was made to rejoice Christmas in many ways. Renewal and "continue till forbid" contracts, many and prompt responses to his suggestion that the north wind doth blow and we shall have snow and that coal is $10 a ton; also, that Betty and the baby needed shoes and stockings; by numerous presents; by numerous and warm and cordial letters of appreciation of the efforts of the "Red Back" to sustain and defend the honor of legitimate medicine and to instigate to unity, peace and concord in our own ranks; to eschew politics; to stand by our State Association, and to labor still in the cause of humanity; and the best wishes of hosts of attached friends for the continued success and prosperity of ye "Red Back"

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and its editor and his *better nine-tenths.* God bless them all. They have, indeed, been loyal, and the deserters, instigated by you know whom, are as rare as hen's teeth.

A PROPOSED SUBSTITUTE FOR CASTRATION.—Elsewhere in this issue, under the head of "Procreation of Defectives," is a letter to the *Boston Medical and Surgical Journal,* in which it is claimed that complete sterility in the male can be produced by the X-ray, and the writer writes me a personal letter to the effect that he witnessed a demonstration of the fact upon a healthy normal man under the hands of Dr. F. B. Granger, 591 Boylston, Beacon Street, Boston, and Dr. W. F. Whitney of the Harvard Medical School.

Read the article. The writer says: "The treatment is painless, does not produce impotence nor decrease the pleasure derived from sexual intercourse." This fact, of course, puts the treatment out of the question as applicable to the rapist; it may do for defectives, if the law should ever sanction any method of limiting the output of insane and criminals by heredity, but for the rapist a clean cut is the only treatment. We will get such a law in Texas next session of the Legislature.

A SPECIMEN LETTER.

STONEBURG, TEXAS, December 16, 1907.

Dr. F. E. Daniel, Editor "Red Back," Austin, Texas.

DEAR DOCTOR: Enclosed find $2.00, for which please advance my subscription two notches. In renewing for the tenth consecutive year, I desire to say to you that the "Red Back" is the most welcome visitor that comes to my library. Especially do I want to take "ye editor" by the right hand and heartily endorse the course he has pursued toward the "Octopus," which I consider the enemy, rather than the friend, of the individual doctor. Also I desire to commend the stand he has taken against the "monster evil," whisky, which is the foundation of a large majority of crimes among the American people today.

Long live the "Red Back." A Merry Christmas and a Happy and Prosperous New Year to "ye editor."

Respectfully,

L. P. TENNEY.

SOUTHWESTERN (TEXAS) INSANE ASYLUM, SAN ANTONIO.—The Governor has received the sixteenth annual report of Dr. W. L. Barker, Superintendent of the Southwestern Insane Asylum at

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San Antonio, for the fiscal year ending August 31, 1907. The report goes into the details of the doings of that institution. In a preliminary report the board complains of the lack of sufficient room to accommodate the rapidly increasing population of the institution. It is stated that the institution can accommodate 700 patients, but 100 above that number has been crowded in. Recommendation is made that the asylum's capacity be increased to 1200 patients. In his report, Superintendent Barker says:

"Many insane are crowded in jails and are denied the benefit and care they would receive in the institution. After remaining in jail from six months to a year these cases are almost invariably hopeless, and then, when they are admitted to the institution, they are there to stay as chronic, incurable cases."

In addition the board recommends a separate building for the care of different sexes of infirmary patients. This class of patients of both sexes is cared for in the same ward. Tubercular patients are also cared for in the infirmary hospital and recommendation is made that a complete separation of tubercular patients be made from all others.

Dr. Barker in his report begins with financial matters, saying there was $139,980 appropriated by the Legislature for maintenance. Of this $124,362.91 was expended, leaving a balance of $15,617.09 in the hands of the Comptroller. There was also deposited in the treasury $5,450.96 cash collected from non-indigent patients, making a grand total of $21,068.05 to the credit of the institution.

The daily average attendance has been 747 and the annual per capita cost was 43 cents a day. This is a little higher than the cost of last year, as the cost of some of the provisions has advanced. One of the items mentioned is fuel oil, which has advanced 50 cents a barrel.

At the end of the fiscal year in September, 1906, there were 808 patients in the asylum. A total of 91 patients were admitted during the year; a total of 897 were treated during the year. During the year 51 patients died and 29 were discharged. There remained on August 31, 1907, 817 patients.

One improvement in the San Antonio asylum over other asylums is the dairy. During the year the dairy produced 58,938 gallons of milk and 12,250 pounds of butter, which more than met the demands of the institution. Hogs were fattened from the waste food at the asylum and during the year there were killed for the use of the institution 24,640 pounds of pork. The dairy facilities have been improved recently and during the last two months the

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dairy produced 50 pounds of butter a day. During the year it has not been necessary to purchase a chicken or an egg for the institution. A total of 385 chickens have been killed and 3101 dozen eggs used. The apiary produced 600 pounds of strained honey. A total value of $23,616.85 worth of supplies has been raised for the institution. A mattress house has been built and a mattress maker placed in charge, mattresses being made of moss.

Abstracts and Selections.

Vital Statistics of Texas Bulletin for November, 1907.

Our system of Vital Statistics is in embryo, but it is growing fast and, with proper encouragement and support, can and must be made a success. Since it is comparatively new to the people, it will require a considerable amount of education for them to be made to realize its value, and knowing that the press is the most powerful and efficient means we have of bringing matters of public interest before the people and that they also, realizing the exigencies of the case, are in a position to enlighten the people, I appeal to them for their co-operation in furthering the cause of vital statistics, and to assist us in molding public sentiment in order that physicians, midwives and others be forced to make more accurate reports and our next Legislature more ample appropriation.

The law provides that all births and deaths must be reported promptly to the county clerk by physicians, surgeons, midwives and accoucheurs in attendance of the same under penalty of from $5 to $50, and that the county clerk under similar penalty keep the same as a permanent record and supply a copy to the State Health Officer, monthly. Every effort has been made to get those interested to make proper reports to this office, and a large number of physicians are complying with the law, but there are still a large number that fail to report, and while I desire to maintain amicable relations between the members of the profession and this department, I shall insist on the enforcement of the law, and expect to make an example of some of the profession at an early date. While we have recourse to law, yet laws not backed by public sentiment are seldom of any consequence; therefore, I am anxious that the public be impressed with the necessity for this work, and urge them to give their co-operation by insisting that all physicians, midwives and others make prompt and accurate report.

It would seem that there were but few people whose birth, marriage or death has not or will not, at some time, become a matter of legal cognizance, and hardly a relation in life in which such a record may not be evidence of greatest value.

"The correct registration of its birth is a valuable inheritance to

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which every child is entitled and which is within the power of every parent to bestow."

For the month of October, 801 deaths were reported, and for November, 1067, showing an increase of 34 per cent; also, 11 per cent increase in births is noted, which is encouraging, but should and I hope will be improved upon each month until accurate returns are to be had.

Physicians in some of the cities are objecting to our birth and death certificate blanks. We should like to call their attention to the fact that every registration State is using this form, and that it is the form adopted by the Census Bureau of Washington and approved by the American Public Health Association, and is complete in every detail. Every blank and question asked is essential; in fact, indispensable.

BIRTHS.

Males	2529
Females	2217
White	4441
Black	305
Alive	4621
Stillborn	125
Total	4746

DEATHS CLASSIFIED BY AGES.

Under 1 year	204
From 1 to 5	64
From 5 to 10	36
From 10 to 20	59
From 20 to 30	123
From 30 to 40	119
From 40 to 50	67
From 50 to 60	71
Over 60	212
Not given	119
Totals for all ages	1074

W. M. BRUMBY,
State Health Officer of Texas.

The Scientific Temperance Federation.

The great improvement in health and length of life that has followed the acquirement of better knowledge of hygiene and sanitation shows how powerful a means knowledge is for the correction of unhygienic living.

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In the various efforts being made to extend knowledge of the essentials of hygienic living, there has come to be a recognized need of a central agency for the collection and dissemination of scientific findings concerning alcoholic drinks and other narcotics in their relations to individual and social welfare.

Many valuable books, pamphlets, papers and other studies in these fields have now an all too limited usefulness, merely because they are not kept on file, and their facts are not brought to the attention of the general public by some central independent agency.

There is need, therefore, of the assistance of a trained acquaintance with the publications and help of the disassociated workers which can at once refer the inquirer to the particular facts he wishes, and can turn all useful information on these subjects into every possible channel through which it can reach the people.

The Scientific Temperance Federation was organized December 21, 1906, to meet this need.

Its aim is to bring together the facts developed by scientific research and experience, making them accessible to all persons interested in the great questions of sobriety and hygienic living; to disseminate such facts in every possible way; to promote the hygienic and temperance instruction of the children and youth in the public schools.

It will enable the specialist to put his conclusions on file where they will be sought for and examined, and the student or individual worker to obtain desired information.

It will not supersede existing organizations, but will endeavor rather to unify and supplement them.

A wide field of usefulness is open to the Federation, while it presents varied opportunities for mutual assistance and co-operation.

The Federation presents a medium for widely disseminating hygienic truths. It offers access also to up-to-date collections of purely scientific research concerning the physiological, chemical and psychological relations of alcoholic drinks and other narcotics. To this end, it welcomes books, pamphlets, papers, etc, containing information on these topics.

For literature address Miss C. F. Stoddard, Corresponding Secretary and Treasurer, 23 Trull Street, Boston, Mass.

Social Service in the Temperance Reformation.

BY CORA FRANCES STODDARD,
Corresponding Secretary of the Scientific Temperance Federation, Boston.

A hasty review of the contents of the leading American periodicals of the last three months reveals more than fifty serious articles on questions of social relations and responsibilities. They touch almost every phase of human existence, but all approach it from the standpoint of the essential oneness of mankind.

It is no longer sufficient that a man be physically, mentally and

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morally sound for his own sake; or that he have his political and material rights for his personal comfort and advancement. The progress of one is so interlaced with that of all, that work for social uplift begun in compassion becomes a measure of self-protection and for the advancement of all society. The giving of life for one's fellow man is the finding of life for humanity. It is this which is the essential principle in all social movements whether they have as their object the removal or the amelioration of evil conditions.

THE BREADTH OF SOCIAL SERVICE.

The field of social effort is as wide as the sorrows and failings of all humanity. "Social workers" are not in a select class by themselves. There are specialists in this as in any other field of activity, but the man who insists on renting only healthful tenements, who guards the health and safety of his employes; the teacher who trains her pupils to noble ideals, healthful habits and intelligent abstinence from narcotics; the mother who rears her boys and girls to a high sense of the purity and sanctity of the home, are as truly engaged in social service as the man who builds a public library, endows a people's palace or hospital, or lives in a social settlement in the slums.

The question is not, therefore, whether any special work for one's fellow man is a part of social endeavor. It is rather, what is the relation of that work to the whole movement of social uplift? The settlement worker may not say to the temperance worker, "I have no need of thee." The temperance worker may not say to the advocate of tenement house reform or of domestic science, "I have no need of thee." All are necessary to one another. Each sees with special clearness a side of social truth. Hence each may learn of the other.

THE RIGHT PERSPECTIVE.

Recognition of this fact in relation to what is popularly termed "temperance work" is of peculiar importance, both from the standpoint of those engaged in it and from that of other social workers. Too long there has been a tendency to isolate this, and to regard it as something distinct from other social efforts, its advocacy a mere indication of "crankiness" and of a desire to press personal prejudices upon the world at large. This is both unreasonable and contrary to the spirit of social science, and it is quite time that this work should be given as a matter of course its proper rightfully dignified place as a branch of social endeavor.

What, then, is the place of temperance work in social uplift?

No one claims, of course, that the elimination of alcohol and other narcotics would solve all social problems. But the relation is far more fundamental than is often recognized. Many a social worker toiling heroically at his relief or preventive measures might well face squarely the facts of the violation of social laws by drink and other narcotics and their bearings upon his special problem, for the use of these substances has an intimate relation to three

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purposes with which society concerns itself—self-preservation, happiness and efficiency.

SOCIAL WRONGS AGAINST THE STRENGTH OF YOUTH.

We have learned by long, painful experience that the motive powers of civilization are those elements that make the perfect man. The race, if it is to be preserved from physical degeneracy, can not be propagated from the poorest conditions, and high moral ideals are the "spiritual police" which safeguard civilization in its perilous progress. Whatever tends to lower these ideals or to impair physical perfection must therefore be combated by society in self-protection.

A delegate from the Christian Democrats said recently at a meeting in Belgium for founding an organization to work against alcohol, "Society has the right to protect itself against the excesses of certain of its members and to protect these unfortunates against themselves. The struggle against alcohol is a defensive movement and a work for solidarity." A British Royal Commission has pronounced the use of alcohol one of the most potent causes of physical deterioration. Careful experiments and observations of the scientists are proving that the descendants of alcohol users are less likely to live, a greater proportion are weak physically and mentally, and not only threaten the integrity of the race, but are themselves liable to become dependent upon State or private charity.

The report of the Massachusetts State Board of Insanity for 1906 showed that of the admissions to public insane hospitals during the year, alcohol was a factor in 21.66 per cent. If the same percentage holds for other inmates of the asylums, in the one State of Massachusetts, there are 2190 insane persons whose condition is due, at least in part, to alcohol. Their support cost the State in one year $660,000. The superintendent of an Illinois insane hospital recently stated that there are nearly 2000 epileptics in the public institutions of that State "who could, if they knew enough, point their fingers at one or both of their parents and say, 'You are responsible for my misery through alcohol which made you its slave.'"

But what of those spiritual ideals which are the guiding star of civilization? Again, science tells us that alcohol acts most quickly upon the higher mental faculties, impairing judgment, will, reason and those finer mental and moral attributes which are the distinguishing mark of the divine element in man, qualities upon which the success of the teacher and all other elevating forces of society must build if the present or the future of the race is to be conserved. No other force does more to lower, or to keep on a low plane, ideals in home life which many an earnest social settlement dweller is trying to raise. "The school, the church, the college, the newspaper, can never effectually give culture to children whose home life is vulgar and wicked."

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HAPPINESS-MAKERS AND HAPPINESS-BREAKERS.

A second end of social endeavor is to secure a higher degree of happiness. This is the meaning of the homes for destitute children, of the innumerable charitable aid societies, of rescue homes, of settlement activities, and of almost innumerable other organized forms of social helpfulness.

The expenditures for these purposes in money alone are as stupendous as the devotion of time and energy of some of the choicest of lives is inspiring. Though the financial expense is one of the least of the evils, it furnishes a concrete illustration of the waste which alcohol causes. Of the nearly 250 private charitable organizations in Boston, 30 alone spent, in 1906, nearly $800,00 in varied efforts to relieve distress. Using the most conservative estimates, not far from $300,000 of this money was expended in alleviating the results of the use of alcohol, and of this amount about $150,000 was used alone in caring for children made destitute or abused by drink.

THE CRY OF THE CHILDREN.

There is indeed "a bitter cry of the children." The Massachusetts Society for the Prevention of Cruelty to Children has reported that 65 per cent of its cases were the innocent victims of drink. Jacob Riis tells us in *The Children of the Poor* that seven out of every ten street boys in New York, who have any homes, left them because of drunkenness in the home.

Not only the pitiably destitute, but thousands of children too early turned into the machine of merciless labor, are the helpless and innocent victims of alcohol which has made them the bond-servants of poverty in the home. "Poverty and child labor are yoke fellows," says Mr. Riis, and careful investigations have shown that not less than 25 per cent of all poverty which seeks public relief is due to the use of alcoholic beverages. To this extent the child labor problem and the alcohol question are one, but they are one in the sense that the tree and the root are one. Cut off the root of alcohol and many a flourishing branch of the deadly child labor tree will wither and die.

In 1906, the State of Massachusetts expended about $500,000 in caring for the pauperism in which alcohol was a factor; $450,000 expense for prisoners whose offenses were partly due to drink. It cost the public treasury of Boston about $1,500,000 for the crime in which alcohol had a part, and $480,000 for crime in which alcohol was the sole cause.

The financial waste is sad enough and bad enough, but what shall be said of the unspeakable misery and waste of human life and powers, of the demand it makes upon the sympathies, of the difficulties in maintaining and increasing moral sense in society? To alleviate misery is well. To enable victims to escape from it by their own purposeful efforts is still better; but to leave untouched the great cause of a vast amount of this misery is like "picking the jewel from the mud puddle," and leaving the puddle in the way of the next traveler.

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SOCIAL EFFICIENCY.

Life is not merely existence. It is measured as well in terms of accomplishment. Every man owes to his day all of which he is capable by natural endowment and by training. He must ever be at his best to meet the demands made upon him. A few months or even days, requiring quick judgment, prompt decision, alertness to opportunity, may be the turning point in the current not only of his own life, but not infrequently of his entire generation. It is, therefore, the right of society to expect the utmost possible efficiency of its members. For this we establish kindergartens, schools, technical institutions, gymnasiums, public lectures and concerts, hospitals and dispensaries for repairing weakness with as little loss and delay as possible, and a thousand and one other institutions for developing, training and conserving all the powers with which man is endowed.

But when all these have done their work at immense public and private cost, society may again be checkmated by alcohol and its narcotic friends. Muscle is paralyzed; nerve control involving precision and delicacy of touch, judgment and power to think clearly, quickly and intelligently, is impaired. The children of alcoholic parents appear to be handicapped from the start with tendencies to dullness or backwardness. Bad air, lack of food or of proper clothing may be ascribed as causes of inefficiency, but in a vast number of cases alcohol will be found the ultimate cause, a subtle mischief maker. As a result, instead of a happy, intelligent, efficient social order, our social system is weighted with a great burden of incompetents, many of whom by reason of alcoholic heredity are not responsible for their condition, but who, nevertheless, are so many clogs in the wheels of progress, and who will hand on to the next generation a still greater burden of inefficiency.

Much might be said, too, of the operations of kindred evils engendered by other narcotics. Consequences vary with the substance used, but the net result is similar in kind if not always in a degree,—a lowering of ideals, impairment of physical anl mental powers, a blunting of the sense of social responsibility. The cigarette habit among boys emulating the example of their elders is poisoning the very fountain head of our future civilization. Mr. W. L. Bodine, Superintendent of Compulsory Education in Chicago public schools, in a recent address stated that of 1015 boys whom he had been obliged to send to the Parental School, about 800 were cigarette smokers. Of the entire number only 145 were up in their school grades. These 800 boys might be many times multiplied all over our land. What can be expected of these boys in efficiency in life's work or of their sons and daughters in the next generation?

This waste of physical and mental powers, of moral ideals, of happiness and efficiency constitutes a fact too serious to be ignored by anyone having the smallest sense of social responsibility. The alcohol and narcotic questions, so far from being separate problems, become the problems of all, as they are an opportunity for all. "The temperance move-

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ment," Prof. Richard T. Ely has said, "is a deep, wide movement of social reform which centers in temperance, but from that center it spreads out in ever more and more inclusive circles until it touches the entire life of society." Alcoholism and narcotism are both cause and effect of social ills. Just so far as these elements can be eliminated, the whole social problem will be simplified.

GETTING AT THE ROOT OF THE PROBLEM.

The necessary methods for dealing with this all-pervading social question are varied, but it is perfectly evident that the great stronghold of permanent success lies in education. One hundred and twenty years ago, Casper Von Voght, the leader of modern scientific benevolence, said, "The most effective means of preventing misery is the better education of the children," and the great leader of modern scientific temperance instruction, Mary H. Hunt, once said, "Seek ye first the temperance education of the children, and all other temperance blessings shall be added unto you." In either case, *prevention* is the keynote. Not much can be done with the victims of alcohol and other narcotics today. Practically everything can be done eventually through the proper training of the children and youth. The place of temperance education in the work for social uplift is therefore natural and fundamental.

Because of its inter-relations, such education must be many-sided. Knowing, feeling, doing are the educational trinity. Complete temperance education, therefore, must reach the reason, the conscience and the will. The child must be equipped with knowledge of the facts as to the character of alcoholic drinks and of other narcotics and the dangers in their use. These truths should be taught dispassionately, truthfully, convincingly by the teacher who knows her subject thoroughly. Secondly, the pupils must be inspired with high ideals for life and character, and with the majesty and beauty of self-control which subordinates the baser, physical appetites to the pleasures of intellectual and spiritual powers. And, lastly, temperance education must lead the child to voluntary choice of habits of healthful living. Use rationally the first two elements of training and the last will follow naturally and almost easily. But no one of these three may reasonably be omitted.

"TILL THE LUMP BE LEAVEN."

It may be readily admitted that the task presented is no easy one. It demands the teachers' best powers, greatest tact, adequate knowledge, and infinite patience, but, "difficulties have been yielding to enthusiasm ever since the world began." *And it pays.* Count it no small thing in the record of the year to have set even one child's feet permanently in the path of intelligent self-reverence and control. Society is made up of these little units. All growth in the physical organism is but the result of the working of tiny cells. So, in the social organism, the unit of growth is the individual life. The 300,000 teachers of the United States, if each saves but one child each year, are planting the leaven of social

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progress in the midst of the common life of every 300 inhabitants of the whole nation.

COMRADES OF THE GREATER FAITH.

Such are the opportunities and the dignity of temperance work. It is not the temperance "reform," merely seeking to reclaim the lost, or to propagate the prejudices of a few enthusiasts. It is rather the temperance "reformation" which is thoroughly reconstructive and preventive. It is governed by the laws of social relations. It is animated by the common impulse of all social effort, viz., the redemption of man to his divine self. This work, someone has said, "can never be separated, in theory or in practice from that general progress of humanity by which the will of God is made to prevail all around the orbit of human life and in all the sons of men." The very vastness of this problem, therefore, gives it a commanding dignity in its place in social reformation. It constitutes a task which from its inherent difficulties should compel sympathy, and stir to action those native human forces which respond with eagerness to a call summoning to service the best thought and powers of twentieth century manhood and womanhood.—*School Physiology Journal.*

Epsom Salts an Anesthetic.

Announcement of the discovery of a new anesthetic—safer, cheaper and simpler than any hitherto known—is about to be made by the Rockefeller Institute for Medical Research. Plans were under way yesterday for the spreading of the important tidings to the medical and surgical world.

The new anesthetic is nothing less than plain, common Epsom salts, or, to give it its scientific name, sulphate of magnesia. It was discovered by Dr. Samuel J. Meltzer, one of the Rockefeller experimenters. Its greatest value is that it permits any sort of an operation without any danger to the heart of the patient.

Either local or general anesthesia, it is said, may be produced by the injection of a 20 per cent solution of the familiar drug into the nerve tract governing the sensations of the part to be operated upon.

The beneficial effects of the discovery—the number of lives that may be saved through its use—will more than repay the $5,000,000 with which John D. Rockefeller has endowed the institute.

It will prevent deaths from the powerful reactionary influence of ether and chloroform, the institute workers believe. And it will give a cance of life to those whose fragile hearts will not stand the stress of the administration of those drugs.

Dr. Meltzer's experiments have been going on quietly for a long time. But such success has crowned his efforts. The *American* learned yesterday that it will not be long before he makes public the result of his many tests.

The present discovery came about almost entirely by accident,

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the director explained. Dr. Meltzer was experimenting about two years ago with various simple drugs to find out "what place they had in the economy of the body." He injected for that purpose a solution of sulphate of magnesia into a dog.

It was noticeable after a few minutes that the animal grew quiet and listless. Its respiration grew slower and fainter. Finally the breathing apparently ceased.

That was a new bit of knowledge—that magnesium sulphate affected the respiratory system. Dr. Meltzer pondered over it. Then he got a bellows, and, with a tube, produced artificial respiration in the dog's lungs. The animal revived, scampered away, and still lives.

Further tests proved that with a weaker solution the dog's respiration returned naturally, and that it was completely insensible to pain during the period of anesthesia. While the dog was senseless, Dr. Meltzer found that its temperature neither rose nor fell. Temperature rises with ether or chloroform. He found, too, what was more important, that its heart beat with absolute, unswerving regularity. Irregular pulsation follows ether and chloroform.

Suspended animation was caused in this case by suspended respiration—in plain words, a practical stoppage of the breath.

Tests followed with other animals, among them a monkey. This latter experiment was performed before many members of the Academy of Medicine. The beast, ill-tempered and vicious, was calmed first by a small injection. Then it was anesthetized.

This suggested that the injection might be valuable in the treatment of insane persons. So experiments were performed—for the first time upon human beings—at a local institution for the insane. Several persons were rendered quiet and tractable without being made unconscious or without apparently losing any of their faculties.—*New York American.*

ARTIFICIAL SERUM IMPROVED.—Fleig maintains that the following is greatly superior to the ordinary salt solution for subcutaneous and intravenous administration. It has the power of preserving the vitality of isolated organs when immersed in it and kept at a proper temperature. Spermatozoa remain alive in it for several days:

℞ Sodium chloride . . . . . 6.50 grammes
Potassium chloride . . . . . 0.30 gramme
Magnesium sulphate . . . . . 0.30 gramme
Calcium cholride . . . . . 0.20 gramme
Sodium bicarbonate . . . . . 1.0 gramme
Sodium glycerophosphate . . . . . 1.0 gramme
Glucose . . . . . 1.0 gramme
Distilled water, q. s., ad 1000
Oxygen, to saturation.

M.

The glucose and the oxygen are not essential and may be omitted, but are regarded as beneficial.—*La Tribune médicale.*

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Society Notes.

TRAVIS COUNTY MEDICAL SOCIETY.—Annual meeting, Austin, December 18. Paper by Professor Bantel, of the University of Texas: "Sewage; Its Disposal." Officers for 1908: President, J. W. McLaughlin, Sr.; Vice-President, W. A. Harper; Secretary, H. C. Decherd (re-elected). Delegate to State Medical Association (two years), Dr. F. E. Daniel; Alternate, Dr. H. B. Hill.

SEVENTH COUNCILOR (AUSTIN) DISTRICT MEDICAL SOCIETY.—Annual meeting, Austin, December 19. Papers: "Opsonic Work"; "Wright's Therapeutics," by Dr. H. N. Graves, Georgetown (published herewith). "A Critical Review of Ehrlich's Chemical Theory," by Dr. J. W. McLaughlin, Sr. "Race Suicide," by Dr. Geo. H. Harwood, Johnson City. "Human and Bovine Tuberculosis," by Dr. W. J. Mathews. Dr. McLaughlin's excellent paper was criticised and opposed by Prof. Henry Winston Harper, Professor of Chemistry. University of Texas, and discussed by others, and the battle between the two critics was most thrilling. It was a "dog fall." The meeting was very interesting and was well attended. The officers for 1908 are Dr. Homer Hill, President (the Presidents of the component county medical societies are ex-officio vice-presidents of the District Society). Dr. W. A. Harper was elected Secretary.

The meeting closed with a swell banquet at the Café Royale, where wine, wit and eloquence flowed to the strains of "celestial" (gramophone) music.

Dr. F. E. Daniel was toastmaster, and the following are the toasts proposed by him and responded to as per program.

TOASTS.

"The University of Texas and Its Great Medical School: The Incubator of the Next Generation of Philosophers, Scientists and Statesmen."

"A little learning is a dangerous thing,
Drink deep or taste not the Pierian spring."

Response by Dr. J. W. McLaughlin, our representative on the Board of Regents and late Professor of Medicine in the University Medical College.

"The Texas State Medical Association. A Grand Body of Earnest Workers in the Cause of Humanity. May Its Meetings

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Always Be Harmonious, and Its Councils Guided by Wisdom and Moderation."

"In union there is strength."

Response by Dr. W. J. Mathews, President Austin Board of Health.

"The Ideal Physician, the Highest Type of American Citizenship."

"A man he was, to all the country dear,
And passing rich with fifty pounds a year."

Response by Dr. J. C. Anderson, of Granger.

"The Combination Physician and Surgeon; the All-Around 'Specialist'; Peculiarly an American Product."

"And still they gazed, and still the wonder grew,
That one small head could carry all he knew."

Response by Dr. Z. T. Bundy, Surgeon to Soldiers' Home, where he practices everything but obstetrics.

"The Ambitious Doctor."

"The heights by great men reached and kept
Were not attained by sudden flight.
But they, while their companions slept,
Were toiling upward, in the night."

Response by Dr. H. B. Granberry, Retiring President Travis County Medical Society.

"The Doctor's Sweetheart.—She May Not Always Be His Wife; But the Doctor's Wife Should Always Be His Sweetheart."

"'Tis sweet to hear the faithful watchdog's honest bark
Bay deep-mouthed welcome as we draw near home.
'Tis sweet to know there is an eye will mark
Our coming, and grow brighter when we come."

Response by Councilor T. J. Bennett of the Bully Seventh.

"Woman—God's Best Gift to Man."

"Oh woman, in thine hour of ease,
Uncertain, coy and hard to please;
As fickle as the glimmering shade
By the trembling leaf of the Aspen made;
But when pain and anguish rack the brow,
A ministering angel thou!"

Response by "Horace" N. Graves, the Sweet Singer of Georgetown.

Visions of pompano and terrapin, venison and quail; and of champagne, and claret and Chartreuse will abide with the fellows, we hope, until next annual.

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PHILLIPS' DIGESTIBLE COCOA

"THE ONLY COCOA WITH A RICH CHOCOLATE FLAVOR"

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Differing from other Cocoas, directions for preparation must be carefully followed when an easily digested food beverage will result.

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PHILLIPS' MILK OF MAGNESIA

PHILLIPS' COD LIVER OIL EMULSION

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A Foolish Prejudice

causes many physicians to discontinue cod-liver oil during hot weather. Dr. Austin Flint says: "The weather should have no influence on its continuance provided it be well tolerated and digested" (*Pepper's System, Vol. III, p. 434*).

Hydroleine, by reason of the absolute purity of its cod-liver oil and its perfect pancreatization, is always well tolerated and digested.

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Books and Magazines.

THE ANNUAL OUTPUT OF PHYSICIANS' VISITING LISTS is now on the market. We have received the 1908 edition of the popular favorite—Blakiston's—the standard for fifty-seven years. It needs no introduction or commendation. It is a beauty. It contains everything a doctor needs in the transactions of the business end of his calling. There is a perpetual edition (without dates), 1300 names, $1.25; 2600 names, $1.50, and a monthly edition (without dates), 75 cents and $1. Send for one.

THE CAUSE AND PREVENTION OF BERIBERI. By W. Leonard, M. B., B. S., F. R. C. S., State Surgeon, Negri, Sembilan, Federated Malay States. London: Rebman, Limited. New York: Rebman Company, 1907. Pp. xiii-544. Price, $6.

It has been well said that volumes could be written on beriberi. In fact, they have been. Dr. Braddon presents his subject in a logical manner, but his argument may be reduced in simple terms to an advocacy of the rice theory of the production of the disease. The first of the author's conclusions is as follows: "State, decorticated (white) rice, therefore, at times contains a poison, the effect of which is to produce beriberi." The author then continues: "Second, the agent which produces the poison in rice is specific of or peculiar to that grain. Third, the beriberi poison is not performed (or not present in quantities sufficient to cause symptoms) in normal, fresh rice seeds, but is adventitious. * * * Sixth, the poison of stale rice has an antecedent in fresh rice. The agent must be, therefore, some ferment or parasite or epiphyte peculiar to padi. Seventh, the beriberi poison is probably an alkaloid which is stable and not volatile, and resembles atropine and muscarine in some of its effects. Eighth, the formation of poison in stale rice is probably due neither to fermentation nor to bacteria, but to the growth in it of a special fungus. Ninth, the beriberi producing fungus of rice is probably a surface parasite or epiphyte affecting the seed saprophytically after decortication." The author then goes on to compare this fungus with that of toxic rye and lolium.

As is well known, students of and writers about beriberi are divided into two groups according to their advocacy of theories of etiology. One group, to which the author of the work under review belongs, believes that the disease is due to mouldy rice. The other group believes that the disease is due to a bacterium. Within the past year we have noticed in our editorial columns from time to time the various opinions of the nature of the micro-organisms. Further, an editorial in our issue of October 26 calls attention to the theory, advanced by Hewlett and de Korte, of the protozoan nature of the cause of the disease. It is needless to repeat that no one of the theories advanced so far has been proved. This much is in favor of the mouldy rice theory: Change of diet and removal of the patient to a non-beriberic place is of great assist-

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ance in curing the disease; at any rate, after the subsidence of the acute stage.

Dr. Braddon's book is an admirable piece of work and reveals the author's great industry. The literature has been exhaustively reviewed, and the references are given in all cases. From the mechanical point of view the book shows great merit; in spite of its size it is quite light and can easily be held in the hand.—*Ex.*

THE PRACTITIONER'S VISITING LIST FOR 1908.—An invaluable pocket-size book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York.

The text portion of the Practitioners' Visiting List for 1908 has been thoroughly revised and brought up to date. It contains among other valuable information a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

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This splendid book is the fourth volume of Appleton's Modern Clinical Medicine, the masterpiece of the twentieth century; translated from *Die Deutsche Klinik* by the leading men in the German medical profession.

Volumes 1, 2 and 3 have recently been reviewed in this JOURNAL; i e., (1) Infectious Diseases, edited by Dr. Jas. C. Wilson, Philadelphia; (2) Diseases of Metabolism and of the Blood, Animal Parasites, Toxicology, edited by Dr. Richard C. Cabot, Boston; (3) Diseases of the Digestive System, edited by Dr. Frank Billings, Chicago. We have now volume 4, Diseases of the Nervous System, edited by Dr. Archibald Church, Professor of

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Nervous and Mental Diseases in the Northwestern University, Chicago. This work has received a most favorable reception everywhere. Leading clinicians say that these books are five years in advance of the times.

Kirke's Hand-Book of Physiology.—Sixth American Revision, Revised and Rewritten by Chas. Wilson Greene, A. M., Ph. D., Professor of Physiology and Pharmacology, University of Missouri. Seven hundred pages. Five hundred and seven illustrations, including many in colors. New York: William Wood & Co., 1907. Price, not stated.

Kirke's Hand-Book of Physiology is exceedingly popular, both with practicing physicians and students, for while it is sufficiently advanced and technical to meet all requirements of the former it is also sufficiently elementary for the beginner. A mistake made by many writers of text-books is in assuming too much knowledge of the subject on the part of the reader. Many beginners are like the man from Missouri; they have to be told some very elementary things. The text has been largely rewritten and much anatomical discussion omitted. Its place has been taken by new facts

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learned in the laboratory—bringing the subject up to the present state of knowledge on that branch of science. An entirely new feature is a comprehensive guide to or directions for laboratory work, one that will be especially helpful. Also, in the front is a table of measurements, giving the English equivalents of the French scale, and the Fahrenheit and centigrade scales side by side. Great importance attaches to the results of researches on the functions of the ductless glands in late years of Schafer and Oliver, Abel and others, and their discoveries, together with those of Sajous, throw much light upon the rôle played by the secretions of the thyroid and of the adrenals as affecting nutrition and metabolism.

MODERN MEDICINE—ITS THEORY AND PRACTICE.—In Original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia and in McGill University, Montreal. Assisted by Thomas McCrea, M. D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume III, just ready. Price per volume: Cloth, $6, net; leather, $7, net; half Morocco, $7.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

The appearance of the third volume of Osler's Modern Medicine marks the steady progress of this great work towards completion. In this volume the grand division of Infectious Diseases is concluded, and space is found for equally full consideration of Diseases of the Respiratory Tract. The fourth volume, now going through press, will cover Diseases of the Circulatory System and Blood. The fifth will deal with the whole great subject of Diseases of the Alimentary Tract. The sixth is to group Diseases of the Kidneys, those associated with Internal Secretion, those of still obscure causation, the Diseases of the Muscles, and Vasomotor and Trophic Disorders. The seventh and final volume completes the entire subject by covering Nervous and Mental Diseases. The convenience of this grouping is manifest.

That an authoritative work presenting the whole field of medicine in its advanced state of development is required by the progress of recent years is a proposition that can not be gainsaid. To question it implies that the questioner has not kept in touch with the radical changes, the more elevated viewpoints, the more accurate methods and the improvements in details of practice which have combined to extend the scope of medicine and make it an exact and successful science instead of an empirical and uncertain art. Such an era of progress is with us now, and every practitioner desirous of maintaining his position and doing his duty to his patients must needs take cognizance or drop astern. It is

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PNEUMONIA

Apply over the thoracic walls, sides and back, and cover with a cotton-lined cheesecloth jacket, as shown in the illustration.

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Apply over and beyond the sterno clavicular region. If a dressing is put on when symptoms of bronchial irritation first appear, a serious development may be prevented.

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Apply over and well beyond the boundaries of the inflammation.

In all cases Antiphlogistine must be applied at least ⅛ inch thick, as hot as the patient can bear comfortably and be covered with a plentiful supply of absorbent cotton and a bandage.

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fortunate for those actively engaged in practice that they can so readily gain this new knowledge combined and fitted in with what has been inherited from the past and has survived the ordeal of modern re-examination. This service is being performed for them in this work under ideal auspices, for no editor could have been chosen with a broader view of medicine in all its bearings than is possessed by Dr. Osler, nor with a keener knowledge of the best man to call upon for each constituent section. The phenomenal sale argues wide appreciation of the advantages of possessing a complete library and reference work presenting the net medicine of the new era, disembarrassed of outworn ideas, and covering the whole subject with the highest authority and practicality.

PROGRESSIVE MEDICINE—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia. Assisted by H. R. M. Landis, M. D., Asisstant Professor to Outdoor Department, Jefferson Medical College. Lea Brothers & Company, Philadelphia and New York. Six dollars per annum, or $1.50 per volume.

Volume 4, December, 1907.—Diseases of the Digestive Tract and Allied Organs, the Liver and Pancreas; Diseases of the Kidneys; Surgery of the Extremities, Fractures, Dislocations, Tumors, Surgery of Joints, Shock Anesthesia, and Infections; Genito-Urinary Diseases; Practical Therapeutics Referendum.

The contributors are Belfield, W. T. Bloodgood, J. C. Bradford, J. R. Landis, H. R. M., and Steele, J. D.

Publisher's Department.

SEXUAL NEURASTHENIA.—This distressing and frequently intractable malady is logically and successfully treated by the administration of Gray's Glycerine Tonic Comp. It does not act by temporary stimulation of weakened functions, but produces permanent benefit by its influence on the whole bodily nutrition. The nervous system is restored to a normal equilibrium and morbid fears are dissipated.

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Dr. Pettingill, of New York City, under the head of "Intestinal Antisepsis," reports some excellent experiences, from which the following is selected:

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Submitting the inclosed analysis I take pleasure in stating that basing it on the protein content this is the most wonderful exponent of the modern nutrients extant. It is practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

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Nitrogenous matter calculated as Albumen	12.02
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Extractive matter free from Nitrogen	2.18
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No foreign preservatives are present. Especially tested for Boric Acid, Salicylic, Benzoic, Fluorine, Sulfurous Acid and Formaline.

From the large quantity of soluble Albumens and digestible Fibrin it is evident that this preparation in connection with the fat therein furnishes an excellent nutritive, easy of digestion. H. ENDEMANN.

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ber of them are still lacking a knowledge of the fact that Antikamnia in combination with various remedies has a peculiarly happy effect. Particularly is this the case when combined with Salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with Antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may continue; namely, the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia and Salol Tablets' containing 2½ grains, each of Antikamnia and of Salol and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol neutralizes the uric acid and clears up the urine. This remedy is a reliable one in the treatment of diarrhea, entero colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two Antikamnia and Salol Tablets every three hours, will give results that are gratifying."

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A USEFUL TONIC.—The season is now on us in which we find many patients suffering from coughs and colds. In many of these cases the general system is below par, and in order to hasten recovery from the catarrhal conditions of the air passages a general tonic is indicated. Cod Liver Oil is a century old remedy for coughs and where the stomach can handle it there exists no reason why it should not be employed, and in such cases the results are satisfactory. But in many of these sufferers digestion is enfeebled, the appetite is poor and Cod Liver Oil is not well borne. Fortunately for patient and doctor, modern pharmacology has provided a preparation of this valuable agent which contains "all of the oil except the grease," to which has been added the hypophosphites, with glycerine and agreeable aromatics. It is not only wonderfully efficacious but pleasant to the taste and readily handled by the weakest stomach. We allude to the well known Hagee's Cordial of the Extract of Cod Liver Oil Comp. prepared by Katharmon Chemical Co., St. Louis, Mo.—*The Carolina Medical Journal.*

Rheumatism.

C. R. LESNETT, M. D., DENNIS, TEXAS.

The speculative and somewhat nebulous character of our knowledge of rheumatism is indicated by the fact that salicylic acid, the one agent which has given the best and most uniform results, and the one most generally employed, is used empirically.

The introduction of salicylic acid marked a great advance in the treatment of rheumatism, and while its powers have been most strikingly exemplified in its control over articular rheumatism, still its achievements in connection with other forms of the disease are scarcely less brilliant.

In fact, in the treatment of all those diseases and diseased conditions resulting from the existence of the so-called rheumatic or uric acid diathesis, the action of salicylic acid from natural oil of wintergreen approaches so nearly to that of a specific as to be excelled only by that of cinchona on malarial toxemia.

But the administration of the synthetic salicylic acid in full doses is almost always productive of unpleasant and often dangerous effects, such as irritation of the stomach, ringing of the ears and even delirium, thus necessitating a diminution of the dose or a temporary suspension of treatment. This is also the case with many extemporaneous prescriptions having salicylic acid as a base and combined with other indicated agents.

On that account, during the past twelve years I have prescribed Tongaline many times because it is a compound of well recognized agents and all the salicylic acid it contains is made from the natural oil of wintergreen.

In properly selected cases Tongaline has never failed to do the

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work required of it. It is easy of administration, and, as a rule, it is not repugnant to the most fastidious stomach. Its action is prompt and it can be prescribed with the fullest confidence, and I have found Tongaline a most convenient and reliable remedy for that large class of painful complaints, whose etiology is so obscure as to present a veritable Chinese puzzle.

For the aches and pains accompanying grip and for certain vague, vagrant pains, so often complained of, but difficult to diagnose because there seems to be no particular reason for their existence, yet which make the lives of those so afflicted most miserable, Tongaline is peculiarly useful and efficient.

I give a report of one of the many cases that I have successfully treated with Tongaline:

Mr. D., aged 67, farmer, was treated for grip in the winter of 1903-1904, and had been confined to his bed for six weeks, but was able to be up part of the time, when, owing to the absence of his regular attendant, I was asked to see him. Patient emaciated, weak, pulse irregular, 75 to 85 when quiet, any little exertion running it up to 90 or 100, respiration quiet, appetite not good, bowels fairly regular, urine scant, high colored, much sediment, some albumen, sediment not examined, pains in limbs, especially in the legs, also in the back, shifting sometimes to the chest. Pains present all the time, sometimes ill-defined and vague, sometimes severe, preventing rest and sleep. Patient listless, mind depressed, ambition and energy nil.

Treatment.—A few small doses of mild chloride mercury to arouse secretions and to disinfect the alimentary canal, and Tongaline two teaspoonfuls every four hours until some improvement, which could be noticed in two days; when it was given three times a day and so continued. At beginning of second week, tincture iron and phosphoric acid in small doses were added to treatment. At end of first week patient was practically free from pain, in ten days entirely so. Patient discontinued medicine of his own accord at end of third week, as he was well.

ANEMIA.—The consensus of modern scientific opinion is that anemia is but a phase of malnutrition. Blood poverty is merely incidental—iron can never fulfill all the requirements for treatment. Moreover, there is more than sufficient iron in an ordinary daily diet to overcome the worst form of anemia known—*if it could be assimilated.* Dujardin Beaumetz proved this fact and struck the keynote of the successful treatment of impoverished blood, i. e., promote assimilation of food, and not only the blood poverty, but malnutrition in general will be overcome. This is the rational and scientific reason for the universally acknowledged value of Gray's Glycerine Tonic Comp. in all forms of anemia. Comparative clinical tests have proven—time and time again—that Gray's Glycerine Tonic Comp. will cure many of the most rebellious cases of anemia, even those that have resisted treatment by practically every known form of organic and inorganic iron.

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In order to prove the efficiency of HYDROZONE, I will send a **25c. bottle free** to any Physician upon receipt of 10c. to pay forwarding charges.

NOTE.—A copy of the 18th edition of my book of 340 pages, on the "Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs," containing reprints of 210 unsolicited clinical reports, by leading contributors to Medical Literature, will be sent free to Physicians mentioning this journal.

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Texas is rapidly filling up, the vacant lands are being settled, building of towns and railroads is on a boom, real estate of all kinds is increasing invalue, especially farming lands. Now is the time to get in "on the ground floor." In Ellis county (Central North Texas), in the very heart of the rich black alluvial lands (bale-to-the-acre land), there is offered a doctor's home, complete with all requisites, residence, outhouses, three lots of ground, orchard, garden, wells, a new buggy and pair of matched bays (double or single harness or saddle), worth $450; a $600 stock of drugs and an established and secure practice netting $3000 a year, all for $2500; $2000 cash, balance to suit. It is in a thriving town of 1500; accessible from all points by rail. The owner is not in robust health and wants to go to a city to practice (indoors) a specialty. He guarantees to induct his successor into the practice; turn it over to him, so that the purchaser will have nothing to do but move in with his family and hang up his hat; step into a ready-made home and good practice. It takes years to get fixed and build a practice. The property alone is worth double the price asked for the whole.

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EDITOR TEXAS MEDICAL JOURNAL.

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A Delightful Revelation.

The value of senna as a laxative is well known to the medical profession but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California Figs is a delightful revelation and, in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs..... .....75 Parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only.....25 parts

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Partial Thyroidectomy in the Treatment of Exophthalmic Goitre.

(a) Its Basis, (b) Its Results, (c) Its Technique.

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So as to convey a definite conception of what we understand and of what we mean by the term exophthalmic goitre, at the outset we will quote two definitions, one from a popular text-book of practical medicine, and the other from an equally authoritative text-book of practical surgery.

(a) Exophthalmic goitre is an affection, the chief symptoms of which are goitre, exophthalmos, tachycardia and tremor. In pronounced cases, other symptoms, chiefly of a nervous nature, are present.[10]

(b) Exophthalmic goitre is a disease characterized by an enlargement of the thyroid gland, palpitation and increased frequency of the heart's action by proptosis, fine tremor and general nervousness. By goitre we understand an enlargement of the thyroid gland, involving the entire structure, which may be either partial or symmetrical, as nodules and cysts. By tachycardia, we wish to denote a disturbance in the action of the heart, which is expressed in increased frequency. George P. Murray (*Lancet*, London, 1905, p. 1370, Vol. 11) noticed an enlargement of the thyroid body in 172 out of 180 cases. In five of the remaining cases, there had been a goitre at an earlier stage of the disease. The enlargement of the gland, according to the same author, is generally uniform. The latter statement is contradicted by equally good observers. It is not in accord with my experience. It is important to remember that any individual symptom of exophthalmic goitre may be inconspicuous, may be absent during a part or

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the entire course of any individual case of the disease. We must also remember that those symptoms vary in relative degree in different cases. According to some authors, exophthalmos is absent in about one-fourth of the cases. Tachycardia, not of a paroxysmal or of a transitory nature, but of a permanent character, is the most constant symptom of this affection.

Kocher (Berne, Switzerland) says that he has never seen a well-developed case without a goitre. Mayo (Rochester, Minn.), says that in those cases in which there is an apparent absence of goitre, a careful examination will usually disclose a small unilateral or bilateral tumor, which lies deeper but is firmer than normal thyroid tissue. The tremor in this condition is rapid and vibratory, there being as many as eight or ten vibrations per second.

There are primary and secondary forms of this affection. From an etiological, pathological and therapeutical standpoint, the classification into primary and secondary forms is consistent, is valuable. In the primary form, there is a concurrent development of the goitre and of the other symptoms characteristic of this affection. In the secondary cases, the symptom-complex of this affection is grafted upon a pre-existing enlargement of the thyroid body. All varieties of goitre, from simple cysts to malignant tumors, irrespective of size, type or stage, may be associated with the symptoms-complex of exophthalmic goitre, and it is further to be noted that in all of the secondary forms, excepting those associated with malignant disease, the prognosis of operative interference is better, both as to early and as to late recovery. (Dean Lewis.)

In our perusal of the literature, the frequency with which diagnostic errors are made concerning this affection, surprised us. It is often thought to exist when absent. Pulsating exophthalmos, a totally distinct malady, seems to have been the most frequent source of error. Chlorosis, also, has not been an uncommon source of error. Many operators do not seem to have differentiated between operations for ordinary goitre and those for exophthalmic goitre (primary or secondary). In a discussion on treatment, these two conditions must always be considered separately.

Authors are not in accord as to the etiology and as to the pathological cause of exophthalmic goitre and the treatment most appropriate for this affection is still a matter of discussion. Owing to the fact that the ultimate cause of this affection is still a matter of *speculation,* theories have been advanced, and have been made use of and are still used as foundations for apparently appropriate lines of treatment. Many of these theories have been abandoned. They were based on insufficient knowledge; on misinterpreted clinical and pathological data.

We will briefly discuss some of the theories which still have advocates: (a) The cardiac theory, (b) compression theory, (c) sympathetic theory, (d) nervous theory, (e) parathyroid theory, (f) thymus theory, (g) the thyroid theory, and then adopt as a working basis that theory which is least in conflict with facts.

Tachycardia, palpitation, thrills, murmurs, displacements, diffusiveness of the apex-beat, increased area of cardiac dullness,

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due to dilatation or hypertrophy and other symptoms of a cardiac nature, lead many of the early observers, such as Parry, Stokes, Graves, Buton, Beau, to think that the cause of this affection originates or resides in the heart. The cardiac theory is defective, because:

1. Those cardiac disturbances that occur in the presence of exophthalmic goitre can, and frequently do, occur independently of this disease, viz., toxic palpitation and essential tachycardia.

2. They can occur as symptoms in conditions totally distinct from exophthalmic goitre.

3. Cases of exophthalmic goitre occur in which they are absent.

4. The cardiac disturbances met in this affection are not exciting factors. They are due to co-existing or to complicating functional or organic diseases of the musculature or of the various valves of the heart. Long continued, excessive rapid action of the heart may beget organic changes in this organ.

5. In by far the largest number of cases of exophthalmic goitre that have come to the autopsy table, an absence of cardiac lesions has been noted. In some cases moderate hypertrophy with or without ventricular dilatation and endocardial disease was present. The dilatation of the heart has been ascribed to its quick action; the systole is too short to be complete; residual blood gradually entails overdistension and dilatation. This disease can occur in individuals with pathologic hearts, and then the symptoms of the original lesion will be superadded to the cardiac manifestations of the affection we are now discussing.

6. The cure of exophthalmic goitre does not cure any co-existing organic cardiac lesion. Kocher reports two cases of exophthalmic goitre, co-existing with mitral insufficiency. The symptoms of exophthalmic goitre were cured by partial thyroidectomy. The symptoms of mitral insufficiency were uninfluenced and persisted. This shows the non-interdependence of the two conditions.

THE COMPRESSION THEORY.

When Tillaux performed his first thyroidectomy for the relief of exophthalmic goitre, he believed that the affection was caused by the compression exerted by the hypertrophied thyroid gland on the important vascular and nervous structures at the base of the neck. His patient recovered from the operation and from the disease, but the explanation which he advanced was erroneous. He later abandoned the compression theory. It has had many and still has a few eminent advocates. It is untenable, because:

1. It is hard to understand how unilateral compression (the thyroid enlargement may be unilateral though it is more frequently bilateral) can cause bilateral exophthalmos.

2. How unilateral enlargement of the thyroid body can cause unilateral exophthalmos of the opposite side of the body, as in the cases reported Panas and by Gros, etc.[31]

3. Why, if compression be the cause, do the symptoms bear no relation to the degree of thyroid enlargement? It is an acknowl-

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edged fact that, in some cases of great severity, it takes the most precise and painstaking palpation to detect any enlargement of the thyroid gland. Easily detectable enlargement of the thyroid gland like every other cardinal symptom of this affection may be absent in individual cases. As a rule, the enlargement of the thyroid is not very great in this disease. The severity of the toxemia in Graves' disease bears no relation to the degree of hypertrophy.

4. Why, if the enlarged thyroid gland compressed any of the neighboring nerves, the recurrent laryngeal nerves, which by virtue of their anatomical location would be the ones most frequently involved, are so infrequently in this affection the seat of compression paralysis? They are far less frequently involved than in cases of simple goitre. There are, at the most, only ten cases of exophthalmic goitre in which paralysis of one or both recurrent laryngeal nerves has been observed.

5. Why massive tumors of the base of the neck do not determine exophthalmic symptoms? Why large parenchymatous or cystic goitres can exist for years and never be productive of, or be associated with, the symptom-complex of this disease. If compression were a determining factor of this disease, its action would be invariable. Under like conditions, it would produce like results.

6. If the symptoms were due to pressure, they would immediately and completely disappear on the removal of the compressing agent. We know that they do not.

THE SYMPATHETIC THEORY.

This theory was advanced by Kobens, defended by Trousseau, Oppenheimer and others. Disturbances of the sympathetic system with or without structural change can explain some of the symptoms of this disease. They fail to explain many. Observers of note, such as Abadie, Jaboulay, Poncet, Jonnesco, etc., have looked upon the cervical sympathetic trunk and its ganglia as the primary seat of the disease, as the *fons et origo mali*. Some have advised, and the latter three had devised and performed operations upon the sympathetic nerves for the relief of primary exophthalmic goitre. Jaboulay, in some cases of primary exophthalmic goitre, performs a bilateral division of the cervical sympathetic nerve trunk. In other cases of the primary form of this disease he performs a bilateral resection of both nerve trunks. Jonnesco performs a complete resection of both cervical sympathetic trunks, including the upper, the middle and the lower cervical ganglia. The value of these operative procedures has been much discussed. The uniformly good results obtained by their originators have not been obtained, have not been approached, by other equally dextrous and competent operators. Operations on the sympathetic for the relief of this condition have fallen almost into complete disuse.

Boissou (*Thèse de Paris*) collected all the cases of exophthalmic goitre that he could obtain up to 1898, for the relief of which an

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operation on the sympathetic nerve or ganglia had been performed. He collected 27 cases and analyzed 23, as the other four, for one reason or another, prove nothing. In these cases there were 3 complete cures, 8 marked improvements, 3 deaths. His conclusions are: "Successes are rare. In cases benefited, it is sometimes one symptom, sometimes another, which is improved; and the improvement is sometimes immediate, sometimes late, sometimes there are relapses in the improvement. Neither by division or excision, total or partial, have more brilliant results been obtained. From the physiological point of view, all is chaos. There is no relation between the phenomena noted by the surgeons and those observed by the physiologists, also the surgical effects are in discord with one another." Schiff, in his experiments, noted that no effects on thyroid gland followed the section of the sympathetic cervical nerves. The sympathetic theory is now only held by a few observers.

In a certain number of cases lesions of the sympathetic nerve have been reported. The changes were such as are often found in many other diseases; such as are often found in health. Abadie, one of the most ardent advocates of the sympathetic theory, says: "The nervous sympathetic trunk is neither diseased or degenerated; its tissue is intact and does not show any lesion." However, he gives no detailed report of observation. Hale White[1] has shown by a careful series of investigations on patients dying from other causes that variations in the size and in the vascularity of the cervical sympathetic ganglia, as observed by the naked eye, have no significance; that the cellular elements are found in such various degrees of number and integrity, and that the fibrous stroma is so variable as to prevent any definite statement. He further says: "This evidence (his observations and those of others) seems to me conclusively to show that the lesion is not in the sympathetic nerves."

The only recent observer that has found positive changes in the sympathetic cervical ganglia is Greenfield.[3] The changes which he noted are not characteristic. In two cases examined, he found these ganglia to be swollen, markedly hyperemic and infiltrated with leucocytes. Degenerative changes in the ganglion cells were present. Ehrich is of the opinion that what degenerative changes have been found in the sympathetic nerves are purely secondary. The only changes which he found were vacuolation and fat droplets. (*Beitrage zur klinischen Chirurgie*, 1900, Vol. XXVIII, p. 136.)

In Temoin's case (*Revue de Chir.*, Vol. 18, 1898, p. 10) microscopical examination of the sympathetic cervical ganglion showed nothing definite. Numerous observers of great competence and acuity of observation report negative findings. Achard and Joffroy examined the cervical sympathetic ganglion in four cases of exophthalmic goitre and found it absolutely normal. Ranvier examined one case; his findings were the same. The observations of Marie and Marinesco,[4] of Mendel,[5] of Joffroy and Achard,[6] taken in connection with those of Wilks, of Barth, and of Déjerine,

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suffice to convince one that exophthalmic goitre is not due to an organic disease of the sympathetic nervous system.

If we assumed that this disease is dependent on a functional involvement of the cervical sympathetic trunk and its ganglia, we could not satisfactorily explain why in the same nerve trunk there is a stimulation of some fibres, depression of others and functional integrity of the remaining fibres. Dilatation of the pupil, which is perhaps the most constant symptom of stimulation of the cervical sympathetic nerve, is notably absent in Graves' disease. The fact that there are no invariable ocular of pupillary symptoms or signs, further argues against the primary involvement of the sympathetic as being the cause.

THE NERVOUS THEORY.

The nervous theory is supported by Sattler, Putnam, Mendel, etc. Owing to the apparent sudden onset of exophthalmic goitre, to its frequent occurrence in individuals of the same families, be they ascendants, descendants or collaterals; owing to its far more frequent occurrence in women, and to the fact that the sufferers of this affection frequently belong to neuropathic families, in which cases of epilepsy, hysteria, chorea, or even some form of insanity have occurred; owing to its frequent association with nervous affections of a functional or of an organic nature, such as hysteria, neurasthenia, tabes dorsalis, syringo-myelia, epilepsy, etc., and also to the many nervous manifestations of this disease, such as tremor, general nervousness, mental disturbances, paresis and paralysis, etc., many clinicians have been led to believe that this affection is dependent upon either a functional or an organic disease of the cerebro-spinal nervous system. If we consider this affection a neurosis; that is, a nervous disease having no demonstrated organic basis, we will have to classify it among such functional nervous diseases as hysteria, chorea, neurasthenia, etc. We can not so consider it, as we know that this disease is always associated with definite histo-anatomical changes in an organ not belonging to the nervous system. As to its being a nervous disease with appreciable anatomical lesions in the nervous system, we will submit the evidence for and against this contention.

Edmunds, W. (London, *Lancet,* 1901, Vol. 1, p. 1317), and other investigators have found that the nerve lesions of exophthalmic goitre are extremely uncertain. One observer has found one change; one, another. And when in a case of Graves' disease, a systematic examination of the nervous system has been made, the findings have usually been negative. The lesions that have been found vary considerably in the different cases, though each one may be definite enough in itself. The lesions are constant; are not characteristic. We acknowledge that many of the symptoms clearly show that the normal functions of the nervous system are deranged, but similar disturbances occur in other toxemic states, and, in the absence of organic changes in any part of the nervous system, they can not be adduced as evidence of a nervous cause of

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the disease. No constant change in the peripheral nervous system has been noted. Mueller and several other observers have occasionally found changes in the pneumogastric and recurrent nerves; a few degenerate fibres being present in these nerves. As a rule, however, these nerves have been found normal. Mueller decided that the degenerative changes in the vagus nerve were secondary. Sir Victor Horsley noted in his experiments that division of the recurrent laryngeal nerves was without effect upon the thyroid gland.

In the spinal cord, in those cases where the disease has co-existed with organic nervous diseases such as tabes dorsalis, at the post-mortem table, there will be found the anatomical changes characteristic of that organic disease. In cases of exophthalmic goitre not complicated by an organic spinal cord disease, there is noted a total absence of demonstrable anatomical changes. Greenfield believes that he noted in some cases that came to autopsy changes similar in nature, but less marked in degree, to those which are noted in tetanus and hydrophobia. Most observers, however, have noted no change other than slight degrees of congestion, and even this slight degree of congestion was present in only a few instances.

As to the brain, Eger noted in one case adhesions of the dura mater over the convexity. Peter, in another case, found a large hemorrhagic focus in the pons and medulla. Vandervelder and Le Boeuf report having found a vascular neuro sarcoma beneath the gray matter of the left superior parietal convolution. In a single case, Johnson and Mueller each found hyperemic softening of the convolutions. We must bear in mind that these findings are isolated findings; they are exceptional occurrences; they are coincidences. In most of the cases that have come to the autopsy table, the brain and its membranes were not the seat of changes detectable with our present methods of examination.

Filehne, in experimenting on rabbits, found that when he transacted the restiform bodies at different levels that he was able to produce tachycardia, exophthalmos, and, occasionally, the autopsies showed swelling of the thyroid gland. Bienfait partially confirmed these results in 37 per cent of his cases.

Tedeschi, as a result of experiments personally conducted, came to the following conclusions:

1. That injury to the restiform bodies in rabbits produces artificially exophthalmic goitre.

2. In animals thus affected, when the symptoms have disappeared, they can be reawakened in part by hyperthyroidization.

3. In animals in whom the thyroid body has been removed, lesions of the restiform bodies do not produce exophthalmic goitre.

4. In animals in whom the exophthalmic goitre symptom-complex has been produced by loss of the restiform bodies, removal of the thyroid gland diminishes or completely banishes the greater part of the symptoms.

The objections to considering atrophy or degenerative changes in the restiform body as being the cause of the disease under dis-

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cussion are many. Atrophy of the restiform bodies has been found in two cases of tabes dorsalis, in which symptoms of exophthalmic goitre were not present.(Oppenheimer.[2]) Lesions of the restiform bodies would not explain the partial paraplegias, would not explain the muscular atrophy, the absent or diminished patellar reflex, etc. Joffroy and Achard (*Arch. de Med. Experimentale*, 1893, Vol. 6, p. 807) were unable in their experiments on animals to reproduce the symptoms of Graves' disease by provoking injuries of the bulb. "That lesions of the restiform bodies are quite exceptional is evidenced by the fact that in 16 cases reported by recent observers (Joffroy, Siemerling, Koeppen, Goldscheider, Mueller, Achard) the restiform bodies are described as absolutely normal. (Francis P. Kinnicult)."

We see that by all that precedes that exophthalmic goitre is not due to a constant and characteristic nervous lesion, demonstrable in every case. Post-mortem observations teach us that in most cases of this disease there is a total absence of anatomical lesions of the cerebro-spinal and sympathetic nervous systems; that is, of such lesions as can be revealed by our present methods of examination.

THE PARATHYROID THEORY.

Not much is known concerning these bodies. A great deal of speculation concerning the function of these bodies has been indulged in. They are four in number, two on each side. They contain no follicles, no colloid substance and are composed of epithelial cells. It has been suggested by some (Edmunds, MacCallum) that exophthalmic goitre might be dependent upon functional or structural disturbances of one or of more of these bodies, or upon their absence. We do not as yet adopt this theory as a working basis, because:

1. Our knowledge concerning the physiology and the pathology of these glands is as yet too limited.

2. Parathyroid therapy is useless in this affection. Walsh[15] came to the conclusion that there are no grounds for the idea that insufficiency of the parathyroid plays an important part in Graves' disease.

3. The changes that have been found in the parathyroid bodies have been noted by Walsh, Humphrey and Berkeley after death from other diseases.

4. In nine cases of exophthalmic goitre in which the parathyroid bodies were examined microscopically by MacCallum[16] they were found practically normal, there being at most, in a few of the cases, only a slight diminution in size and an increase in the fibrous stroma.

Shattuck found nothing abormal in the parathyroids from exophthalmic goitre patients which he examined microscopically. Benjamins[17] examined the glandulæ parathyroidæ in sixteen simple and three Basedow's goitres without finding any noteworthy change.

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THE THYMUS THEORY.

This theory, as an explanation of exophthalmic goitre, was suggested by the following facts:

1. In some of the cases of exophthalmic goitre that have come to the autopsy table, this organ was hypertrophied. Dinkler, Joffroy, Soupault, Mobia, Spencer, Marie and other authors have commented upon this marked hypertrophy. It is most always associated with great vascularity of the organ.
2. Some cases have apparently been benefited by the use of thymus gland or of some of its preparations.

Our non-acceptance of this theory is based upon the following facts:

1. Our knowledge of the physiology and of the pathology of the thymus gland is as yet too limited. Very little is known concerning the functions of this organ.
2. Thymus therapy in the opinion of by far the greater number of clinicians is useless in the treatment of exophthalmic goitre.
3. Exophthalmic goitre occurs in the absence of hypertrophy of the thymus.
4. Hypertrophy of the thymus occurs in the absence of exophthalmic goitre.
5. The thyroid theory offers a far better working theory.

Mackenzie states that he treated 20 cases of this disease with thymus extract, and compared them with 20 similar cases treated without thymus, but could see no decided difference in the results obtained.

THE THYROID THEORY.

Though it has not been demonstrated beyond scientific contradiction, that the thyroid gland is the sole primary cause of the disease, we are believers in the thyroid theory, because:

1. There is present some structural alteration of the thyroid body in all cases of exophthalmic goitre. This applies to the secondary as well as to the primary cases. Most recent observers have come to the conclusion that the histology of the thyroid gland in Graves' disease is in many respects specific.[19] We must not conclude that because we can not detect any enlargement that, therefore, the gland is not diseased; it always is.[20]
2. Exophthalmic goitre is the direct opposite of myxedema in symptomatology, and pathology and in therapeutical indications.
3. Because the symptoms-complex of this affection can to a certain degree be determined by the ingestion of thyroid gland substance or of its various preparations.
4. Because all those medicinal measures which tend to decrease the functional activity of the gland also tend to lessen the severity of the symptoms.
5. Because in the cases which we have collected and which we report recovery from the disease, in rapidity and in completeness, has been in proportion to the extent of the gland-tissue removed short of its entirety.

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6. In those cases where the symptoms recurred there was an associated hypertrophy of the remaining portion of the gland. Recovery could be secured by a secondary operation.

7. Because the symptom-complex of this affection finds its most satisfactory explanation by considering the condition a general toxemia, the result of quantitative or qualitative changes, or both, in the secretion of the thyroid gland. The tachycardia, the mental changes, the sweating, the prostration, the increase of body temperature, the diarrhea, are all symptoms that we find in other intoxications.

The anatomical changes noted in the primary and secondary forms of this disease are unlike; so unlike that they, of themselves, make imperative the classification of the disease into primary and secondary forms. In the secondary cases, we agree with Dean Lewis[5] when he says that the goitre in the secondary forms does not differ in structure from the simple or parenchymatous or other goitre, upon which the Basedow's symptom-complex were grafted. Exophthalmic goitre has been observed in simple goitre, in fetal adenomata, in cysts, in carcinoma of the thyroid gland. (Bloodgood, Ehrhardt.) It has been thought that small tumors of the thyroid glands, the seat of secondary Graves' disease, act as irritants, causing an over-activity of the gland, much as a foreign body in the eye will produce an excessive secretion of tears, and the removal of this source of irritation by operation has been followed by a complete relief of the symptoms.

In the primary form of Graves' disease, pathological changes are constantly present in the thyroid gland. Kocher and Reinbach, Brissaud and Langhans have denied the above statement. But the existence of these changes has been confirmed by so many competent observers that their occurrence can no longer be contested. (Greenfield,[10] Askanazy, Haemig, Aubarsch, MacCallum[22] and Ehrhardt.) In 28 primary cases of exophthalmic goitre, MacCallum found the thyroid gland involved in all, although it was not equally involved in every case. It is well to bear in mind that changes may occur in one portion of a gland, and be absent in another. Dean Lewis examined carefully the thyroid gland in four cases of primary exophthalmic goitre. His findings agree practically with those of Greenfield, MacCallum, Edmunds. What are these changes which we considered as constant and almost as characteristic?

1. *Changes in the Follicles Which Are Increased in Number and Which Are Also Changed in Size and Form.*—Instead of appearing round or square in section, they become branded and stellate. Dr. Rodocanachy[23] noted an increase in the number of the alveoli, proliferation of the epithelium and changes in its character. Dean Lewis says: "It seems as if the proliferating epithelium following the lines of least resistance had grown into the follicle; the connective tissue of the follicle is also invaginated so that in any sections the invaginated epithelium with its connective tissue stalk, resembles an intestinal villus." In other parts of the gland, the follicles are unusually small. Many of the follicles contain des-

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quamated epithelial cells. The secreting area of the vesicles is increased by ingrowths from their walls.

2. *Changes in the Character of the Epithelial Cells.*—The cells are changed from the cuboidal to the cylindrical, columnar type. The epithelial proliferation may be so great that alteration of the shape of the cells results from mechanical pressure (Edmunds). Many of the cells are in a state of fatty degeneration (Virchow).

3. *Qualitative and Quantitative Changes in the Colloid.*—The colloid is greatly diminished in amount; it may be absent. This change, however, has been also noticed in the thyroid gland of patients dying from other diseases. Some of the vesicles instead of containing colloid are filled with cells. Is this disappearance of colloid due to lessened secretion, or does it result from more active removal by the lymphatics? That is still an unsettled question.

4. *Increase in Vascularity.*—The blood vessels are distended and are increased in size; the friability of their walls has been noted and commented upon by many operators (Kummel, Kocher). This friability increases the liability to primary and to secondary hemorrhages.

5. *Changes in the Connective Tissue.*—There is an increase in the amount of connective tissue. In some cases this increase in connective tissue causes a lobulated appearance in the tumor. The fibrous septa of the gland may show some thickening at a comparatively early date. All the above mentioned histological changes may exist in small foci and not throughout the gland.

THE CONTRASTS EXISTING BETWEEN EXOPHTHALMIC GOITRE AND MYXEDEMA.

The thyroid gland is an organ essential to the integrity of the human organism. In the absence of accessory thyroid glands, the spontaneous or gradual arrest of function of this body, or its total destruction by disease, as well as its total ablation by the surgeon, will be followed by myxedema, either acute or chronic in type. Post-operative tetany and myxedema are identical, as far as their etiology is concerned; one condition often develops into the other (Von Eiselsberg). Tetany, it would seem, is a condition of parathyroid insufficiency (Mayo, Rochester, Minn.).

The development of impending myxedema can be prevented and its manifestations controlled either by the successful transplantation of thyroid tissue in another part of the body, or by continual injections of thyroid (Vassale) or by prolonged feeding of thyroid gland (Lanz, Canter[24]).

The above facts are accepted as proofs that myxedema is a disease due to insufficiency or to absence of normally functionating thyroid tissue in the system.

The demonstration of the fact that in exophthalmic goitre we have a disease which is the diametrical opposite of myxedema in symptomatology, pathology and therapeutical indications will aid to give credence to the thyroid theory. Let us consider the evidence that contrasts the two diseases, as to the essential symptoms:

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EXOPHTHALMIC GOITRE.

1. Enlargement of the thyroid gland (almost always present).
2. Exophthalmos (a cardinal symptom).
3. Frequent presence of other ocular symptoms. Eye symptoms are of great diagnostic value, chiefly by way of information.
4. Excitable and mobile pulse, palpitation, tachycardia. Permanent tachycardia is more commonly met in exophthalmic goitre than in any other affection.
5. Exophthalmic goitre. Tremors (cardinal symptom). In 120 cases Murray noticed tremors in 111 cases.
6. Agitation, insomnia, irritability, excitability. A peculiar mental condition of nervousness is a common symptom in exophthalmic goitre.
7. More or less profuse perspiration. Skin fine, soft, moist and warm. Feel better in cold weather. Diarrhea frequent.
8. Typical myxedema may supervene on the subsidence of an equally typical exophthalmic goitre.

MYXEDEMA.

1. Atrophy or absence of the thyroid gland (is mentioned in all the reported cases).
2. Recession of the eyeball not uncommon. In cases not consecutive to exophthalmic goitre exophthalmos is never present.
3. Absence of ocular symptoms.
4. Sluggish heart action. Bradycardia, a common symptom.
5. Myxedema. Absent, except in its rare occurrence in tetany.
6. Apathy, somnolence, dullness of apprehension and of perception.
7. Absence of perspiration even in the warmest weather. Myxedematous skin. Patients alway feel cold. Constipation common.
8. Myxedema never precedes exophthalmic goitre.

AS TO PATHOLOGY.

EXOPHTHALMIC GOITRE.

1. Glandular hyperplasia. Increase in number of follicles.

MYXEDEMA.

1. Follicles are markedly diminished in number; may be absent. In case where gland is not absent there is noticed a progressive glandular atrophy.

AS TO THERAPEUTICAL INDICATIONS.

The ingestion of thyroid preparations is almost always harmful. It aggravates the symptoms.

All measures which tend to lessen or diminish the amount of thyroid secretion are followed by improvement.

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The continual ingestion of thyroid preparations is positively curative.

Implantation of gland tissue, if the latter maintains its integrity, is curative.

Our knowledge of the physiological action of thyroid gland or of its preparations is still limited. Tachycardia and increased metabolism constantly result from their ingestion. Toxic doses will cause such symptoms, as rise of temperature, insomnia, agitation, polyuria, albuminuria, complete paraplegia, etc. These symptoms we also frequently meet in cases of exophthalmic goitre. The fact that the symptom-complex of this affection can be experimentally produced by the ingestion of thyroid preparations is no longer contested. In our opinion it forms an important link in the chain of evidence supporting the thyroid theory.

Cunningham administered daily by mouth to a rabbit 1 gramme of thyroid extract; it caused exophthalmos. Edmunds[27] found that feeding dogs and monkeys large amounts of thyroid substance could bring on exophthalmos, tachycardia, loss of weight and wasting. Murray[28] obtained similar results. Notthaft[29] reports a case of a patient who took 1000 5-grain tablets of thyroid extract in five weeks. He developed all the symptoms of exophthalmic goitre; upon cessation of the drug all the symptoms promptly disappeared, with the exception of the struma and exophthalmos, which persisted for six months and then gradually disappeared.

Doyen performed a partial thyroidectomy in a case of exophthalmic goitre. Cure resulted. For some cause or other the patient took some tablets of thyroid extract, the symptoms of exophthalmic goitre recurred; with suppression of the drug the symptoms subsided. Béclerè[30] observed the development of the symptom-complex of this affection in a myxedematous woman who had taken at the beginning of the treatment 92 grammes of thyroid extract in eleven days. The drug was discontinued; the symptoms disappeared.

A critical analysis of the voluminous literature of the subject has convinced me that the following conclusions are justified:

1. Thyroid gland substance, or any of its preparations, should never be administered in the treatment of exophthalmic goitre. Their use in that disease is irrational, and it is almost invariably attended by an aggravation of the existing symptoms. Their use invariably increases the dangers of operative interference.

2. As a therapeutic agent, in the treatment of exophthalmic goitre, thymus gland substance and its various preparations are useless. Their use is, at times, attended by an aggravation of symptoms. They can not be considered curative agents.

3. Parathyroid extract as a curative agent of exophthalmic goitre has no efficacy. MacCallum says that the alterations noticed in the glandulæ parathyroidæ do not seem to be constant or sufficiently extensive to support the idea that the parathyroids have anything to do with the development of the disease known as exophthalmic goitre.

4. The medical treatment of the disease which we are now con-

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sidering is, the use of belladonna being excepted, in reality largely symptomatic. For the anemia, arsenic has been given; for the nervousness and restlessness, the bromides; for the tachycardia, digitalis, strophanthus, etc. All these agents are palliative; not one has ever proven to be curative.

5. All forms of medical treatment of this affection, be they hygienic, dietetic, medicinal, organotherapic or electrical in nature, are unsatisfactory, are disappointing. Their comparative powerlessness has induced surgical endeavors to cure the disease. There is not any form of medicinal treatment which has been successful with sufficient frequency to carry conviction of its worth.

6. Serum therapy of exophthalmic goitre is as yet in an experimental state. The results attending the use of "thyroidectin" are not invariably satisfactory. Miller, Quine, Billings and others have had failures attending its employment. Their use is not devoid of dangers.

(By serum therapy is meant the employment of either (a) the serum of thyroidectomized animals, or (b) the serum of animals treated with increasing doses of thyroid extract, or (c) milk in the dried or liquid form, of thyroidectomized goats. With the use of these different sera, authors report failures and successes.)

7. It is now a demonstrated fact that all operative measures which tend to less the secretory activity of the thyroid gland, or to diminish the amount of thyroid gland tissue present in the organism, are of value in the treatment of exophthalmic goitre. That method must be chosen which at the time seems to be the least dangerous without sacrificing chances of success.

(a) Intra-glandular injections of tincture iodi, carbolic acid and other irritating liquids are unsafe in exophthalmic goitre. There is the danger of sepsis, of injecting the irritant agent into the blood vessels, of provoking alarming hemorrhage (alarming through the compression that it may exert upon the respiratory passages).

(b) The ligation of the thyroidal arteries in this disease was first recommended in 1886 by Woffler. It has been practiced by operators of such eminence as Roux, Rydigier, Kocher, etc. It is now used only as a preliminary, or as an accessory, step to partial thyroidectomy. The ligation of the four thyroid arteries is liable to determine gangrene of the thyroid gland, is liable to induce thyroid insufficiency. The objections to ligation of two or three of the thyroid arteries as a routine treatment of exophthalmic goitre are the following:

1. It is a procedure often difficult of execution, the hypertrophied thyroid gland having altered the anatomical relations of the part; the infiltration of the tissues also adds to the technical difficulties. The ligation of the vessels is especially difficult in the retro-clavicular and reto-sternal varieties of goitre.

2. Owing to the greatly increased vascularity of the organ, branches of the thyroid arteries are liable to be mistaken for the trunks of the vessels.

3. It does not secure as complete nor as permanent a mitiga-

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tion of the symptoms as partial thyroidectomy, and it is, we believe, equally difficult to perform. Ligation of the inferior thyroids is just about as serious a matter as thyroidectomy. Dressman states that improvement is slower after ligature of vessels than after operative treatment on the gland.

(c) Exothyropexy for exophthalmic goitre has been performed with varying results. This operation has been termed "an unfinished partial thyroidectomy."

(d) In the absence of accessory or aberrant thyroid bodies, total thyroidectomy is very liable to be followed by cachexia strumapriva. This explains why the operation is no longer performed by those that know. Post-operative myxedema can always controlled by the administration of thyroid extract.

(e) Partial thyroidectomy is as yet the most satisfactory operation for performance in all cases of exophthalmic goitre, be they primary or secondary in type. In cases that survive the operation, it is invariably attended by marked alleviation of symptoms, in many instances by complete and permanent cure. Kocher is of the opinion that partial resection and ligature of the vessels is the most rational procedure. He first ligates the two superior thyroid arteries. This, in his opinion, is easy of execution and makes the subsequent work easier. He then ligates one inferior thyroid artery before extirpating the gland. No more thyroid tissue need be left in site than is present in the normal organism, that is from 30 to 60 grammes. The surgeons that have, for the cure of this disease, removed the largest quantity of thyroid tissue short of its entirety, are those that have obtained the very best results, both from the standpoint of the number of recoveries as well as from the standpoint of completeness of recoveries. If not enough gland tissue is removed, the maximal benefits are not derived from the operation. If too much is removed, thyroid insufficiency may develop. A small amount of glandular tissue is all that is required to maintain the ordinary nutrition of the body. When the thyroid gland is not totally removed, the possibility of post-operative myxedema can be said not to exist. Kocher met it only once in 1000 operations for goitre. In this case he removed half the gland; the remaining half atrophied. The symptoms disappeared following the administration of thyroid extract.

8. The secondary form of exophthalmic goitre, when subjected to partial thyroidectomy, almost invariably recover from the operation and from the disease.

9. Operators disagree as to the most suitable anesthesia for these cases. All the anesthetic agents have their partisans. Fatalities have occurred with all of them. Local anesthetics have the disadvantage of not completely abolishing the perception of pain. General anesthetics have the disadvantage of increasing the cardiac insufficiency, and of frequently being followed by cough which may induce secondary hemorrhage, by vomiting that may soil and infect the dressings on the wound. Kocher recommends local anesthesia; he never operates singers for goitre under general anesthesia. The Mayos (Rochester, Minn.) employ general ether anesthesia in al-

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most all their cases. Kummell uses oxygen-chloroform. Ries uses scopalamine-morphine anesthesia. Kurt, Schulze and Riedel have seen an acute bronchitis follow operations for exophthalmic goitre in which only local anesthesia had been employed. According to Professor Fenger, the degeneration of the heart-muscle will account for some of the sudden deaths; while the absorption of thyroid, shock, anemia and general nerve exhaustion will account for most of the other deaths that are not due to the anesthetic.

10. The dangers of partial thyroidectomy in exophthalmic goitre are either avoidable, such as infection and hemorrhage, or unavoidable, such as "acute thyroidism."[32] This latter, also called "thyroid fever," is liable to occur after the observance of all precaution now known to us. We do not yet know how to prevent nor how to cure "acute thyroidism." It is not always fatal. Free drainage of the operative wound is our most serviceable weapon for combating the complication. The nature of the anesthetic, and that of the operation, seems to have little influence in its production. All Basedow patients seem very sensitive to surgical operation.

11. There is no doubt that the mortality is greater in bad cases than when the symptoms are slighter and the patient in better condition. Early operations give the best results. They give a lower percentage of deaths and a very much higher percentage of cures. Exophthalmic goitre tends to diminish vital resistance and to exhaust the nerve centers, hence operate before the patient's vitality has been lowered by chronic thyroid intoxication. Kocher lays great stress on the avoidance of the development in all cases of goitre of what he calls the "thyroid heart." This, he asserts, can be acquired either by waiting too long for surgical intervention, or by an excessive iodine or thyroid extract therapy. He assures us that the prognosis in Basedow's disease will be much better in the future, if the operation is done early.

12. Operative points:

(a) It is well to prepare patients for some time, to observe them, and to better estimate their ability to withstand operation.

(b) Place the patient in the inverted (Trendelenburg) position. Put a round pillow beneath neck so as to give better access to goitre. Maintain neck in that position which interferes least with respiration. The most rigid aseptic precautions must be observed to avoid infections: mediastinitis, deep phlegmon of neck, thrombo-phlebitis, septicemia, etc.

(c) Kocher's transverse convex incision allows of a complete exposure of both lobes. From a cosmetic standpoint, it is the best as the usual neckwear will hide the scar. If it is necessary to make a section of the sterno-hyoid and the sterno-thyroid, the Mayos advise that this be high, so as to preserve the nerve supply to these structures. Divided muscles should be sutured after extirpation of tumor. The preservation of the posterior capsule of the gland protects against many of the dangers of thyroidectomy. After completion of operation, cutaneous wound must be sutured accurately. Drain through an opening made below this wound.

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(d) Hemostasis must be perfect. Do not depend on temporary compression to arrest the bleeding. It is deceptive. When possible, tie the bleeding vessels—it is preferable to leaving clamps in position. Clamps interfere with the healing of the wound. Nurses should be instructed to watch for first symptoms of secondary hemorrhage.

(e) Tissue should be left at the poles of the gland, preferably about the inferior thyroid arteries, so as to reduce the risk of injuring the recurrent laryngeal nerves.

(f) Drainage is of the utmost importance:

1. To remove what primary wound secretion is present. Although at the time of operation the bleeding may be stopped absolutely, there is always considerable oozing afterwards into the large cavity of the neck which it is impossible to obliterate by sponge pressure. This clot may cause interference with union; may cause pressure upon the trachea.

2. To remove what contents of the gland have been expressed into the wound during the operation. A certain amount of the toxic secretion of the gland being allowed to accumulate slowly in a wound that is closed will often cause such symptoms as may prove fatal in an otherwise successful case.

(g) Swab mucus away from throat. There is always a hypersecretion of mucus giving rise to troublesome coughing. This is one of the reasons why the bleeding points should be well secured for avoidance of secondary hemorrhage.

(h) Keep patient physically, mentally and emotionally quiet.

13. Recovery from all the symptoms is neither immediate nor simultaneous. The first symptom to subside is the tachycardia. The tremor and the nervous and psychical symptoms also disappear quickly. The total disappearance of menstrual disturbance is of good prognostic omen. It takes months for the entire beneficence of the operation to become manifest. The exophthalmia is the last symptom to disappear. Albert Kocher says that a total disappearance of exophthalmos can only be expected in those cases in which the operation is performed early. Eye symptoms disappear in the majority of cases quickly and completely, irrespective of persistence or disappearance of exophthalmos. The longer the period of observation after the operation, the better appear the results.

14. When, after a partial thyroidectomy, the symptoms recur, the recurrence is most frequently associated with a hypertrophy of the remaining portion of the gland. Removal of a portion of this will bring about a cure.

15. Partial thyroidectomy is indicated:

1. In all cases of secondary exophthalmic goitre.

2. In all cases of primary exophthalmic goitre.

(a) When, after three months of well-conducted appropriate medical treatment, the patient's condition is not markedly improved.

(b) When the goitre compresses or distorts the trachea, or the esophagus, or both. Long-continued dyspnea is very liable to beget pulmonary emphysema.

(c) When tachycardia is marked. Long-continued and excessive tachycardia is very liable to beget organic heart changes.

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(d) When exophthalmos is so marked as to prevent complete closure of the lids during sleep. Kocher and others report cases where patients lost their eyesight through ulceration of the cornea secondary to marked exophthalmos.

(e) If the patient is losing strength.

(f) In all acute cases that seem like a sudden intoxication of the body by thyroid, even when no marked enlargement of the thyroid body can be demonstrated.

16. Surgical treatment of exophthalmic goitre is justified by theory and by facts.

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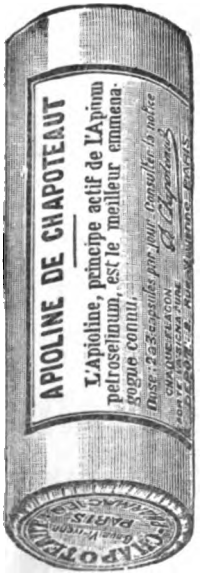
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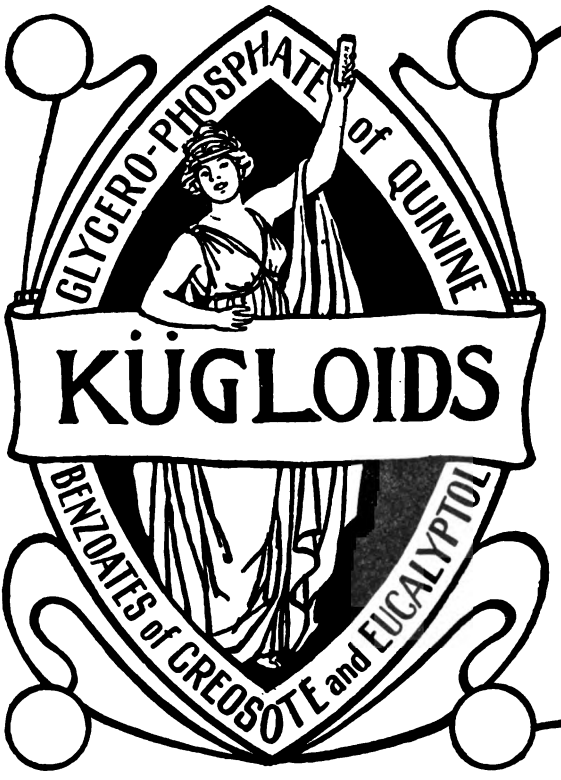

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EDITORIAL DEPARTMENT.

IN DARKEST AFRICA.

We have received the first report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum, Sudan, Africa. The director is Andrew Balfour, M. D., B. Sc., M. R. C. P., Edin.; D. P. H., Camb.; Fellow Royal Institute of Public Health; member of the Epidemiological Society; Medical Officer of Health, Khartoum, and Sanitary Adviser to the Sudan Civil Medical Department, Department of Education, Sudan government, Khartoum, 1904.

This report is intensely interesting. It is in the main a study of several species of mosquito and other pest-breeding insects in that sub-tropical country, and the methods employed in destroying them. The mosquitoes in Khartoum and Omdurman have been completely destroyed. Think of it! Exterminating the mosquitoes on the shores of the Blue Nile, where less than two decades ago the fanatical savages of the Mahdi exterminated the English army—massacred them at Khartoum, including their general, the famous "Chinese" Gordon! The English government has established a great memorial college on the spot, and an American citizen—now a Londoner—Mr. Henry S. Wellcome, the famous chemist, endowed the Research Laboratory. The work that it has done is of inestimable value, even if it were confined to the extermination of the mosquito alone, for thereby malaria, dengue and filariasis (of which elephantiasis is a type) are disarmed and prevented. Dr. Balfour says the *stegomyia* is rare, and as yellow fever is unknown there this species is not much in the count.

The malaria mosquito there is *pyretophorus costalis,* a species of the anophelina, and it has been found to be both a filaria and a malaria carrier; but the true filaria mosquito—the kind that produces elephantiasis (and that disease is common in Sudan)—is a culex; *c. fatigans.* "Further," says Dr. Balfour, "the recent laborious researches of Dr. Graham, of Beyrout" (*Journal Tropic Med.,* January 2, 1903), "seem to have completely proved that this mosquito is the transgressor in the case of dengue, * * * forming the intermediate host for the protozoon of that disease."

The report is beautifully printed and bound, and is illustrated with colored pictures of a dozen or more species of mosquito, of

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beetles and flies, and is altogether a most valuable contribution to the interesting study of tropical diseases.

The second report was received long before the first, and was reviewed something like a year or more ago.

The Gordon Memorial College is under the patronage of H. M. the King of England; and the Right Hon. Lord Kitchener,

DR. J. D. LAW.

of Khartoum, G. C. B. K. C. M. S., etc., is President. A long list of Right Honorables, including the Right Hon. Sir Ernest Cassell, K. C. M. S., who donated a million dollars to the consumption sanitarium founded by the King.

DEATH OF DR. LAW.—It is with pain and profound regret that we announce the death of one of Texas' ablest, most distinguished

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and popular physician, Dr. Jarrette D. Law, of Belton. He died at his home Tuesday morning, January 21st (ult.), after a brief illness, at the early age of 47 years.

Dr. Law was one of the most scholarly and accomplished physicians of the State. He possessed all the qualities that go to make up the true physician, and he was held in the highest respect by all classes. His funeral was an outpouring of the population of Bell county, irrespective of class or conditions, the largest ever witnessed in Bell or any other county. Business was suspended, and the city was in mourning. Those of our guild who heard his polished, eloquent and scholarly address at the Houston meeting of the Texas State Medical Association in April, 1905—the "Annual Oration," which he was invited to deliver—will never forget either the subject, "The Physician and the Humanities," or the splendid orator. Peace to his ashes. He will live in the hearts and memories of all who had the honor of his friendship and the good fortune to know him as citizen, physician, man, father and Christian gentleman. Dr. Law was a self-made man. He was a native of Louisiana, and was born in Red River Parish, that State, January 29, 1861. His literary education was acquired at Salado College, Bell county, and his medical at Louisville Medical College, class of 1884, where he graduated with first honors. In 1886 he married Mildred Barton, of Salado, and she and five children survive him.

DR. COE AND THE OCTOPUS MANAGEMENT.—I never make a statement that I can not verify. In a recent editorial, I said of Dr. Henry Waldo Coe, of Portland, Oregon, editor *Medical Sentinel* (in speaking of the outrage of the Octopus on the medical press, excluding all but Octopus journals from the exhibit hall)

* * *

"And had not the recalcitrant, but now recidivous Coe, who was looked to to second the "Red Back's" protest, and lead a revolt of the medical editors, joined in the unanimous approval of the Octopus' management, I would be tempted almost to hope and say that the medical profession wouldn't stand for such treatment (as was accorded Dr. Abbott by the Octopus), but would demand a square deal. They will stand for *anything,* at the hands of the Monster Octopus."

In the December issue of the *Medical Sentinel,* Dr. Coe challenges me to point out "when and where" he "joined in the unanimous approval of the Octopus Management."

Here it is: Pages 2057, 2058, 2059 of the *Journal American*

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Medical Association, June 15, 1907 (official stenographic report of the discussion that followed the reading of the financial report of the trustees, and the Secretary-Editor). It is worse than I thought it was; he seconded the motion. Dr. Coe had been severely criticising the several items in the report, and said:

"Under Exhibit E, they have an inventory of paper, stock, metal, type, buttons, ink and coal, amounting to $14,336.59, which, of course, are assets, according to the Board of Trustees. I contend that these are not assets, and that this exhibit is not made to show the real condition of affairs, but is intentionally misleading, and—

"THE PRESIDENT: Men's names and men's motives are not debatable; but the acts of men and the consequences of their acts are debatable."

* * * * * * * * * * *

At the close of the discussion (stenographer's report—continued):

"DR. L. S. MCMURTRY, Kentucky: I move that the House of Delegates tender a vote of confidence and thanks to the Secretary-Editor and Manager for his faithful, honest and efficient services.

"This motion was seconded by several, but Dr. Coe said that, inasmuch as he had started this discussion, but had said nothing against the Editor and was very careful not to do so, he took great pleasure in seconding the motion.

"Dr. Hubert Work, Colorado, moved to amend that the Board of Trustees be included in the vote.

"The amendment was seconded, accepted and the original motion as amended was unanimously carried."

Editorialets.

ANOTHER ONE SAYS: "Find enclosed 50 cents, which payes [sic] me up, and discontinue; money is so scarce," etc., etc.

ANOTHER ONE SENDS a V (five years in advance); and another, still, $3 in advance; and I have one who is paid up to 1914. They all say, "Long may she wave!" (except the 50-cent fellow). Makes me feel good.

ONE VALUED SUBSCRIBER WRITES: "Dollars are mighty scarce in this neck of the woods, but here is one for 'Betty and the baby,' which I send with a kiss (for the baby), and God bless you (and 'Betty') and the faithful 'Red Back.'"

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Dr. C. W. Skipper, of Lovelady, Texas, son and partner of Dr. R. W. Skipper, a graduate of the Medical Department University of Texas, 1907, has accepted a position as Interne in the City Hospital at Shreveport, and has removed to that city. Best wishes attend him!

The *American Journal of Clinical Medicine* for January is a splendid production, both as to extent and variety of contents, and mechanical get up. It does great credit to its founder and editor-proprietor, "Square Deal Abbott," as we shall hereafter call him. Moreover, it is embellished with a large portrait of Dr. Abbott, in colors, and his autograph—"Yours for a Square Deal, W. C. Abbott." I have framed it and hung it over my desk, where it will serve as an inspiration to renewed energy, whenever I experience, as I sometimes do, that tired feeling and sigh, "What's the use?"

Abstracts and Selections.

The Influence of Alcohol on the Opsonic Power of the Blood.

BY CHAS. E. STEWART, M. D.,
Professor Theory and Practice of Medicine, American Medical Missionary College.

That the *vis medicatrix naturae* is our chief aid in our efforts against disease is recognized by every successful practitioner of medicine, and anything that will help us to secure this condition in its fullest degree will be gladly welcomed and given first place in our therapeutic armamentarium. We are well aware that many diseases are self-limited and if left alone will run their course and finally a normal condition of health obtain; in fact, not infrequently as far as the disease from which the patient suffered is concerned, his health is above par, if such an expression is permissible, for there has been established a condition of immunity which makes the patient much less susceptible to the disease than before he contracted it. Thus we see that the body has within itself certain resources which can be called upon to assist in securing and maintaining a healthy condition.

In the majority of acute diseases these resources are sufficient, and in those cases in which they are not, it is probably due to the fact that the vital forces of the body were at such a low ebb at the

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time of the onset of the disease, or have become so during its course, that the tissues are incapable of producing the necessary protective substances. That the body has somewhere within its confines the ability under favorable conditions to produce protective substances which render the organism capable of combating diseased conditions has been recognized for a great many years, but it has only been within a comparatively short time that any exact information concerning this interesting fact has been obtained.

In endeavoring to become familiar with these agencies which have to do with the restoration and maintenance of health, the blood naturally suggests itself as being the chief medium through which these agencies act. "The blood is the life," and is the medium in which the life-giving principles of the food we eat and the air we breathe are conveyed to every part of our bodies, and in turn it assist in the removal of the wastes incident to the oxidation which is constantly taking place. In addition to these important functions it also acts as the chief healing and protective tissue of the body.

Since the discovery that bacteria in many instances cause disease, some very important facts have been demonstrated whereby the blood has been shown to play an important rôle as the chief natural defense in protecting the body against disease. It has been clearly demonstrated by Metchnikoff and many others that the leucocytes of the blood play an important part in ridding the organism of bacteria which so frequently gain entrance. The fact that in most infectious disorders there is an increase in the number of leucocytes, and that in many instances the specific bacteria have been found in large numbers in the leucocytes, naturally gave rise to the theory that the leucocytes were the principal agents concerned in protecting the body against disease by their phagocytic action.

Twenty years ago Nuttall and Pflueger demonstrated that the blood contained some substance which was capable of destroying some forms of bacteria.

In 1895 Leclef and Denys were the first to call attention to the influence exerted by blood serum on the phagocytic action of the leucocytes. By their experiments they demonstrated that the blood serum contained some principle which acted upon the bacteria in such a way as to render them more susceptible of being acted upon by the leucocytes, thereby materially increasing phagocytosis.

In 1897 Mennes demonstrated that the immunity conferred upon certain animals when inoculated with immunizing sera or bacteria depended upon a modification of their serum in such a manner

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that as a result a more liberal phagocytosis was brought about without any special activity on the part of the leucocytes. That there are several substances in the blood which influence bacteria in such a way as to destroy them or render them capable of destruction by the leucocytes has been amply demonstrated. The name agglutinin has been given to the substance formed in the blood as a result of bacterial invasion and capable of causing an agglutination of the bacteria producing the infection. The term paralysis has also been used to designate the same principle. Such a principle is found in the blood in cases of typhoid fever, and is the basis for the Widal test which is rendering such valuable service in the diagnosis of this disease. Substances which combine with the bacteria and accomplish their destruction, and designated as bacteriolysin, are found in the blood as a result of bacterial invasion. Still other substances are found which seem to have a special affinity for the bacterias, combining chemically with them so that they are much more readily taken up by the leucocytes. To these substances the term bacteriotropic has been applied.

In 1903 Wright and Douglas, of London, England, used the word opsonin (from the Latin *opsono:* "I cook for the table," "I prepare pabulum for") to indicate certain bacteriotropic substances formed in the blood which act upon bacteria in such a way as to render them subject to injestion by the leucocytes. They have also worked out a practical laboratory technic by means of which the opsonins can be measured with a considerable degree of accuracy, thereby making it possible to approximately estimate one's ability to resist bacterial invasion.

In order to determine the opsonic power of a patient's serum as compared with a normal individual (the opsonic index), Wright and Douglas have made this comparatively easy. Without entering into the details of the technic it may be briefly described as follows: equal volumes of an emulsion of bacteria to be used in salt solution; washed white corpuscles, and the serum to be tested are measured in a long capillary pipette, these are thoroughly mixed, then drawn into the pipette, the end sealed in a flame, and then placed in an incubator for fifteen minutes at 37 degrees C. The pipette is then removed from the incubator, the seal broken and a drop of the mixture placed on a clean slide, and a smear made which is then fixed and stained. The slide is then placed under an oil immersion lens and the number of bacteria found in from 100 to 200 polymorphonuclear neutrophiles are estimated, and from this the average per leucocyte is obtained. Another estimation is made in the same manner except that the serum from a

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normal individual is used. The ratio of the first average to that for the normal serum constitutes the "opsonic index."

Since the practicability of obtaining the "opsonic index" with a considerable degree of accuracy has been so clearly and cleverly demonstrated, numerous investigators have been busily engaged in trying to prove or disprove Wright's claim that "we have, in the power of raising the antibacterial power of the blood with respect to any invading microbe, out of all comparison the most valuable asset in medicine." Since the opsonins of the blood play such an important part in assisting the leucocytes to rid the body of bacteria, it will be readily inferred that any substance which, when introduced into the body, is capable of modifying this index, will either increase or decrease its vital resistance and, in so doing, will be a factor in combating or inviting disease.

To those substances which when introduced into the organism increase the elaboration of protective substances the term vaccine has been given. In many instances these vaccines are derived from bacterial protoplasm.

Wright and Douglas have discovered that by the administration of bacterial vaccines, in many instances the patient's opsonic index can be raised, and as long as the index can be kept at a normal point or above, the prospects for ultimate recovery are good. However, the converse is true that any substance, whether bacterial vaccine or drug, that is introduced into the organism, lowers the opsonic index and by so doing lowers vital resistance, thereby inviting bacterial invasion, lessens the chances for recovery. Professor Wright further states that "there exists in normal blood, and there exists in a larger quantity in the serum of the successfully inoculated patient, an element which enters into chemical combination with the staphylococcus, the tubercle bacillus, or other micro-organisms in such a manner as to prepare it for phagocytosis. We have demonstrated that phagocytosis can not take place, apart from the action exerted by the specific opsonin upon the micro-organism." Just how these opsonins are produced is not known, but when we find a patient's specific opsonic power persistently low, we are justified in concluding that he is not improving, and we realize that more opsonic power is needed in order to render the invading germs favorable for ingestion by the leucocytes. In most cases of bacterial invasion an increase in the number of leucocytes is greatly to be desired, but an increase in the opsonic power of the blood is still more important; for, as Professor Wright has said, "we have demonstrated

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that phagocytosis can not take place, apart from the action exerted by the specific opsonin upon the micro-organism."

Therefore a patient suffering from some acute infectious disorder, such as lobar pneumonia, in whose blood there is a good degree of leucocytosis and whose specific opsonic power remains normal or above, can safely be considered as making satisfactory progress toward recovery, and any measure which will encourage and maintain such conditions should be considered eminently satisfactory; and conversely, any measure which will more or less permanently lower the specific opsonic power of the blood, must be considered as inimical to the welfare of the patient and should be abandoned at once.

Without entering into details, we have in these few paragraphs endeavored to outline the fundamental principles pertaining to the determination of the opsonic index and the practical value of this knowledge as applied in the treatment and prevention of disease.

A few weeks ago it was the good fortune of the writer to meet Professors Wright and Douglas and to become somewhat familiar with their work in St. Mary's Hospital, and we must say that if the results to be obtained from the practical application of this theory are commensurate with the enthusiasm over the results already obtained, especially by Wright and Douglas, there has dawned a new era in the treatment of disease and in prophylaxis which is unsurpassed by any previous line of therapeutics, and we are in full accord with the statement of Professor Wright already quoted to the effect that "we have, in the power of raising the antibacterial power of the blood with respect to any invading microbe, out of all comparison the most valuable asset in medicine."

During a lecture by Professor Wright, in considering the agencies which modify phagocytosis, among others he mentioned alcohol, and stated that the leucocytes were "antitemperance," because, when freed from blood serum and then soaked in alcohol, phagocytosis is increased. This statement greatly surprised me, for from practical experience with diseases such as tuberculosis and pneumonia, where phagocytosis plays such an important part in ridding the body of bacteria, I had discovered that when alcohol was withdrawn and measures instituted to encourage leucocytosis, and improve the general vital resistance, such as the cold air treatment, tonic hydriatic measures and plenty of sunshine, marked improvement was noted. I recalled the statement of Professor Wright, that "phagocytosis can not take place apart from the action exerted by the specific opsonin upon the micro-organism," and

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concluded that in all probability the evil effects of alcohol were due to its lowering the opsonic power of the blood.

In order to determine the facts with reference to this the medical literature was carefully searched, but nothing was found pertaining to the influence of alcohol upon the opsonic power of the blood in the living organism. A series of experiments were at once instituted for the purpose of ascertaining, if possible, what influence the administration of alcohol has upon the opsonic power of the blood in healthy individuals, and while in the short time which has elapsed since they were started, only a comparatively few have been performed, results obtained so far are quite uniform, and we believe justify us in making this preliminary report, with the hope that it may be a means of encouraging others to pursue the work further in this direction, and if possible help to demonstrate the truth with reference to the influence of alcohol upon the *vis medicatrix naturae.*

Rubin ("The Influence of Alcohol and Chloroform on Phagocytosis in Vitro," *Journal A. M. A.*, Vol. XLVIII, No. 17, page 1432, April 27, 1907), in his study of the effect of alcohol in vitro, employed the following technic: "Suspensions of various bacteria, especially staphylococci, pneumonocci and streptococci are added to defibrinated dog blood containing alcohol or chloroform in varying proportion, the tubes are then carefully corked and placed in an incubator at 37 degrees C. for 30 to 40 minutes. Then smears are made and the bacteria in the leucocytes counted and averaged. In every case control experiments were made with mixtures of normal blood and bacteria. The accompanying table illustrates the results obtained when alcohol was added in varying proportions.

	Degree of dilution with alcohol	Bacterum	Control	Alcohol Mix.
No. 1	1 to 1,000	Staphylococcus	4.5	5.5
No. 2	1 to 500	"	25	14
No. 3	1 to 400	Streptococcus	4	2
No. 4	1 to 300	Pneumococcus	11	3
No. 5	1 to 200	"	7	1
No. 6	1 to 100	"	26	4
No. 7	1 to 50	"	5	0

From these experiments it will be seen that one part of alcohol to fifty of serum suspends phagocytosis in vitro completely, and even in such dilutions as one part of alcohol to 500 of serum phagocytic action is reduced 44 per cent.

Our own investigations have been confined to the action of small amounts of alcohol administered internally to persons whose norman opsonic power was .75 or above and who were previously total abstainers, and to the influence of alcohol on phagocytosis in vitro. (Tables omitted.)

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For these investigations, in order to secure a standard index, the average from a pool of nine was obtained, and in no instance was blood used in which the index was below 1.00. As a result the average secured is high, being 2.12, consequently the indices of the blood used are correspondingly low. In each case the bacillus tuberculosis was employed.

An examination of this table shows a marked drop in the opsonic power after the addition of even so small an amount of alcohol as 5 per cent, and a correspondingly greater drop when the amount was increased to 10 and 20 per cent.

The average normal index in the normal cases, including that of the pool of nine, is .922; after the addition of 5 per cent of alcohol the average index dropped to .436, showing a loss to the extent of 52.71 per cent; the average index when 10 per cent of alcohol was used was found to be .310, or a loss of 66.37 per cent; when 20 per cent of alcohol was added the average index was .128, showing a loss of 86.11 per cent in the opsonic power.

In summarizing the results of these experiments, we find that in the four cases where alcohol was taken internally in the form of port wine, the opsonic power of the blood was greatly lowered, as is evidenced by a comparison of the normal indices obtained with the bacillus tuberculosis and streptococci as compared with the indices obtained after the ingestion of the wine. The average index for the bacillus tuberculosis in the four cases cited is 1.17, for streptococci 1.12. The average of these same cases after the administration of the two ounces of port wine is .73 and .655, respectively, showing a drop in the opsonic power of 37 per cent in the former and 42 per cent in the latter.

In the three cases in which Peruna was used the average normal index for bacillus tuberculosis was 1.12, for streptococci 1.09; four hours after the ingestion of two ounces of Peruna, the average index in the former was .133, in the latter .68, showing in the former a drop of over 88 per cent in the opsonic power, and in the latter a drop of 36 per cent.

We realize that there are a great many factors which influence the opsonic power of the blood and that of necessity there must be a considerable variation in even what might be considered normal cases, but, notwithstanding these variations, there is a sufficient uniformity to enable us to make some very valuable deductions. From our investigations, as will be seen from a study of the tables, there was in almost every case after the administration of a comparatively small quantity of alcohol, both internally and in vitro, a very marked reduction in the opsonic power. So we feel

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justified in concluding that alcohol has a marked influence in reducing the vital forces of the body, thereby greatly interfering with the *vis medicatrix naturae*. Since, according to Wright, "out of all comparison the most valuable asset in medicine lies in raising the antibacterial power of the blood," the administration of alcohol, which, according to our investigation is probacterial, and as such is a strong liability instead of an asset, should consequently be eliminated from our therapeutic armamentarium, at least as far as internal administration is concerned in infectious diseases.

In this connection, I wish to extend to Drs. A. W. Nelson and L. Stoner, of the Battle Creek Sanitarium Laboratory, my thanks for their efficient services in conducting the laboratory technic in connection with these investigations.—*Journal of Inebriety.*

The Alkaloidal Treatment of Pneumonia.

In patients with a full bounding pulse and a hot dry skin—sthenic cases—begin treatment with aconitine, veratrine and digitalin (Defervescent Comp. No. 1); or in patients having a small, quick, thready pulse and a hot dry skin—asthenic cases—give aconitine, digitalin and strychnine (Dosimetric Trinity No. 1). One granule of the combination selected should be given every 15 to 30 minutes until the pulse softens or the patient commences to sweat freely; then one every half hour to one hour as needed to maintain this effect. Keep the pulse at 80 or under if possible. Envelop the *entire* thorax (and from chin to low on hips) in a thin, closely-fitting jacket, thickly "quilted" with raw cotton, or the common "batten," well greased. If pain calls for treatment give a few doses of bryonin or hyoscyamine and codeine singly or in combination as indicated. Always secure complete defervescence and rest, no matter how much drug is required. Some cases do better on the above formulas alternated. Treatment should always be adjusted to it.

Clean out the prima viæ with 1-6-grain doses of calomel and podophyllin half hourly until one grain of each is taken; heaping teaspoonful of Saline Laxative in hot water and repeat every hour till bowels move freely; then give one or two 5-grain tablets (usually one) of the Compound Sulphocarbolates—Intestinal Antiseptics W-A—every two hours; or enough combined with occasional doses of Saline Laxative to keep the bowels sweet and clean. If stools are malodorous after they cease to be dark (almost black) in color, calcium sulphide granules, gr. 1-6 each (12 to 36 in divided doses

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daily) q. s. should be used as a systemic antiseptic, and nuclein should be pushed. Both intestinal and systemic antisepsis is of the utmost importance.

If seen early and properly selected remedies are pushed rapidly, nearly every case may be aborted. If the patient is naturally weak and has a rapid, thready pulse instead of a full, bounding pulse, always give strychnine arsenate in place of veratrine. Codeine may be used to quiet cough if required, and emetine to facilitate expectoration. Apomorphine in small doses for expectorant and relaxant effect often works best of all. If the pneumonic condition exists in a very young or very old patient and he does not cough and clear the bronchial tubes sufficiently, the stimulating expectorant, sanguinarine nitrate, should be used in just dose enough to produce sufficient coughing to rid the bronchial tubes of accumulated secretions. The complicating bronchitis may be as dangerous as the pneumonia itself. In such cases Calcidin (iodized calcium) is an exceedingly valuable remedy; furthermore, nothing can excel it for delayed resolution in any case. For the heart, strychnine has long been our sovereign remedy, but for heart waverings, in the earlier stages, we strongly advise the substitution of cactin, gr. 1-67 (one or more as needed), in place of strychnine. Later on, in cases foolishly allowed to run their course, the whip, strychnine, may be needed; and when rightly used will often prove a life saver.

It is of the greatest importance in all attacks of penumonia to have a hyperleukocytosis present. For the production and maintenance of this physiologic state, Nuclein, Abbott, is the greatest known remedy. In the milder cases give 20 drops three times a day on the tongue without water. In the more severe cases give 20 to 30 minims every 12 hours by hypodermic injection into deep muscular tissues. Nuclein not only produces hyperleukocytosis, but it acts as a powerful stimulant to every cell of the body.

In all cases leave the patient on strychnine or the Triple Arsenates with Nuclein, and occasional doses of cactin for the convalescent period, and continue the Saline Laxative and Intestinal Antiseptics that you have used throughout the case, q. s., as required.

The gist of the whole thing being: Forced defervescence, elimination, intestinal disinfection, systemic disinfection, local protection and strong support to nature's fighting forces.—Abbott, in *Clinical Medicine.*

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The Procreation of Defectives.

BOSTON, April 15, 1907.

Mr. Editor:

Your editorial on the "Procreation of Defectives" in the issue of March 28, suggests to me a thought which I would like to put before your readers.

The bill before the Legislature of Indiana mentions heredity as playing a most important part in the transmission of crime, idiocy and imbecility and suggests that upon the approval of a board of surgeons, a surgical operation shall be performed upon those considered to be confirmed criminals, idiots, rapists and imbeciles. In commenting on this, you state that in the present condition of knowledge such legislation would do little to help matters and might lead to serious abuses.

It is true that we can not be sure that the child will inherit the tendencies of the parent, but the probability is that the child of the criminal, the imbecile, or the degenerate, will be born handicapped for life, both physically and mentally.

It is also true that the question of race improvement does not rest entirely on heredity. Nevertheless, we must remember that not only do the parents furnish this factor to their children, but the condition of the parents fixes the environment of the most important periods of life, the formative periods of infancy and youth. Certainly no criminal, no insane person, and no degenerate, can furnish a proper environment for the child, whatever tendency he may transmit.

The method of checking procreation mentioned in the bill from which you quote is a surgical operation, but no such thing is necessary. We now know that X-ray treatment will produce sterility in the male. This treatment is painless, it is easy to give and as it does not produce impotence, there would seem to be no objectionable features connected with it. The substitution of this treatment for a surgical operation would, it seems to me, put the matter in a different light.—*A. A. Merrill, Boston Medical and Surgical Journal.*

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The Nature and Treatment of Dropsy.

BY DR. THOMAS HUNT STUCKY, A. M., M. D., LOUISVILLE, KY.,
Formerly Professor of Theory and Practice of Medicine and Clinical Medicine, Hospital College of Medicine; Ex-President Mississippi Valley Medical Association.

The term dropsy is one which is rather loosely applied to any abnormal accumulation of watery fluid in the body. In more concise technical language we use the word edema when the fluid occurs within the interstices of tissue and ascites when it is free in the abdominal cavity. For accumulations in other cavities special names are used, as hydrothorax, hydropericardium, hydrocephalus, etc.

Edema of the subcutaneous cellular tissue is a very common form of dropsy; it is usually confined to certain regions, but may become general, in which case it is referred to as anasarca. The site in which edema most frequently occurs is in the feet and ankles; next to this is the region about the lower eyelids.

In a normal state of health there constantly exudes from the blood vessels, especially the capillaries, a fluid derived from the serum of the blood. This percolates between the cells of all tissues, and is the means of carrying nourishment to all those cells which are not in direct contact with blood vessels. These interstices between the cells are drained by the vessels of the lymphatic system, which are able to carry off easily all the fluid which comes to them under ordinary circumstances.

The composition of this lymph is very nearly the same as that of the serum of the blood. It contains a larger proportion of water and only about 3 per cent of proteids. As a rule, it contains no fibrin, although it will coagulate upon the addition of fibrin ferment, showing the presence of some of the fibrin elements. Its specific gravity will average about 1.015.

Cohnheim taught that the most important factor requisite to the production of dropsy is malnutrition of the walls of the blood vessels. It is well to keep this in mind, for although in most cases the other causative agents are much more evident yet this element of malnutrition will almost certainly be found to exist in a greater or less degree. It can readily be imagined that the single layer of delicate cells which form the wall of the capillary vessels would be very sensitive to changes in the blood which is constantly passing them. In diseases of the kidneys, the liver and other excretory organs a number of poisonous matters accumulate in the blood to an abnormal degree, and they can not fail to harm this lining

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membrane. Fevers of all kinds, the presence of bacteria, pus or other products of microbic invasion will produce the same effect. Of course, in these diseases we do not often have dropsy, but the endothelial membrane is in a weakened condition, and a comparatively slight determining cause will bring on this symptom.

An excess of blood in the part may produce an edema. When it is caused by overdistension of the arteries the liability to edema is not so great as when there is a venous stasis. In the former case the capillaries are constantly receiving plenty of fresh blood, while in the latter the same blood remains in the vessels and the endothelium derives but little benefit from it. Valvular disease of the heart is one of the main causes of a general slowing of the blood current and especially of the venous stasis. The pressure from behind, the vis a tergo, of the blood in the veins is never great under the best circumstances, and when the power of the heart is weakened from any cause this propelling force is reduced to a very low point. In valvular disease of the heart the amount of blood passed through this organ is diminished until a compensatory hypertrophy is established. In the meantime the blood in the veins being impeded to some extent in front and not forced from behind, flows very sluggishly.

In the legs the blood has to mount some distance against the force of gravity, which greatly retards the circulation. While the patient walks about vigorously the contraction of the muscles of the legs, by pressing upon the vessels, helps to force the blood forward; but such patients can rarely walk with any great amount of vigor, the blood does not receive this extra help, and an edema of the feet and ankles is almost sure to be seen at some stage of the case. At first this is merely a puffiness observed at night after being up all day. The condition spreads from the feet up the legs, becoming greater as the case progresses. After a time the swelling is not entirely reduced even after a night's rest; the parts feel cold and pit upon pressure, the dents remaining for quite a length of time. Unless the case is treated properly this edema will finally involve a large portion of the body, it is an expression of extreme weakness of the circulation, and is rightly regarded by the laity as a very grave symptom.

Allied to this condition in certain ways is the accumulation of fluid in the abdomen. This escapes from the vessels of the mesentery and intestines; it is seen in conjunction with dropsy in other parts, and may come from the same state of cardiac weakness which causes edema of the feet. In many instances, however, it has a special cause in an obstruction to the flow of blood through

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the liver. As is well known, all of the blood from the stomach, small intestine and most of the colon is gathered up into the portal vein and goes through the liver. Whenever there is any obstruction in this organ the blood is dammed back into the other viscera and its fluid oozes out into the general peritoneal cavity.

A state of inflammation of the liver, bringing an abundance of leucocytes to the organ and causing a swelling of its cellular portion, produces a compression of the blood vessels, thus impeding the circulation. In chronic inflammations the overgrowth of the connective tissue has the same effect but it is carried to a greater degree. In this disease the lumen of the blood vessels is sometimes almost obliterated, and it is in such cases that we find persistent dropsy in the abdomen.

In diseases of the kidneys a large proportion of the poisonous matters which these organs should excrete are allowed to remain in the blood. These injure the walls of the capillaries, as referred to above, and the dropsy first seen in these cases is probably purely from this cause. Later on these same poisons affect the force of the heart muscle and weaken the nervous system, so that we may

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readily see how a part of the general anasarca sometimes observed in such cases may be due to circulatory weakness.

The general treatment of these cases depends, of course, largely upon the cause. Where the heart alone is at fault the patient should be put to bed, or at least confined to a chair if he can not lie down with comfort, as frequently happens. Efforts must be made to increase the nutrition of the heart muscle and the efficiency of its nerve supply. To this end we must attend to his diet; such patients have a poor digestion and are often afflicted with diarrhea. The most nourishing and easily digested foods must be given, in as great an amount and at as short intervals as he can digest them. Tonics for the heart and nerve must be administered, but care and judgment must be observed in their use, for there is grave danger of stimulating the heart beyond its strength.

Digitalis and strychnine are powerful drugs, and their effects must be watched constantly. I have had better results with a preparation called anasarcin, which is a combination of several mild tonics, alteratives and diuretics. It is a much safer drug to leave with the patient, and is very reliable in its action; its diuretic effect is one of the best means of reducing the dropsy.

Cases of renal dropsy are frequently helped by the saline purgatives and by any measures which increase the amount of perspiration. The poisons which should be eliminated by the kidney can in a large measure escape through the bowel and the skin, and these means must be used to the point of endurance. As the circulation is always weak it is necessary to administer cardiac and general tonics, and for these patients the same drug, anasarcin, is probably more efficacious than any other.

For dropsy into the abdomen the diuretic action of anasarcin and its tonic effect make it the remedy on which I have depended.

This seems high praise, but the favorable opinion formed will be found in the histories of cases given below, which are only a few chosen at random from my practice during the past year:

CASE 1.—Mrs. E., married; physical examination, aortic stenosis; no doubt of long standing. Goitre from pubescence. During first pregnancy developed acute nephritis with pronounced general anasarca. Usual remedies tried unsuccessfully. Anasarcin recommended; tabled to be used every three hours. After three or four days' treatment, marked diminution of the dropsical effusion, which, being carried on during the remainder of gestation, enabled her to go through the parturient period successfully. There have been several returns of the dropsy since this attack three years ago, all of which have yielded promptly by the use of this remedy.

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Apply over the thoracic walls, front, sides and back, and cover with a cotton-lined cheesecloth jacket, as shown in the illustration.

BRONCHITIS

Apply over and beyond the sterno clavicular region. If a dressing is put on when symptoms of bronchial irritation first appear, a serious development may be prevented.

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Apply over and well beyond the boundaries of the inflammation.

In all cases Antiphlogistine must be applied at least ⅛ inch thick, as hot as the patient can bear comfortably and be covered with a plentiful supply of absorbent cotton and a bandage.

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CASE 2.—Mrs. F., widow, age 67 years. Mitral regurgitation. Chronic interstitial nephritis; general anasarca, with all accompanying and distressing symptoms. Diuretin, infusion digitalis and the general agents proved unsuccessful. Anasarcin, one tablet every three hours encouraged by the use of salines produced decided relief to such an extent that the patient is now going about in comparative comfort.

CASE 3.—Edwin R., aged 18 years. History of scarlet fever when 7 years of age. Aortic regurgitation during attack of scarlet fever with general anasarca, which only partially disappeared after months of confinement with the usual remedies. Was placed upon anasarcin six weeks ago; one tablet every three hours until active elimination was cured both by kidney and bowels; then a tablet three times a day. At this time, August 2, 1907, there is no evidence of any dropsy, and to all appearances he seems to be regaining his strength rapidly.

CASE 4.—John R., 42 years of age. Has been a spreer. Hypertrophic cirrhosis of the liver. Mitral regurgitation; albumen, hyaline casts and granular casts found in the urine. The effusion was so great into the abdominal cavity that it was necessary to aspirate. Four gallons of fluid withdrawn, producing very decided relief, showing evidence a few days thereafter of the return of the edema. He was placed upon anasarcin as above described, in connection with tonics, and has been comparatively comfortable ever since. My observation has been that this agent is serviceable in all dropsical conditions, irrespective of cause—with the exception probably of those which are entirely mechanical in character.—*Medical Progress, Louisville, Ky.*

Books and Magazines.

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THE INTERNAL SECRETIONS AND THE PRINCIPLES OF MEDICINE. By Chas. E. de M. Sajous, M. D., Fellow of the College of Physicians of Philadelphia; member of the American Philosophical Society, the Academy of National Sciences of Philadelphia, Knight of the Legion of Honor, and Officer of the Academy of France; Knight of the Order of Leopold of Belgium, etc.; formerly Lecturer on Laryngology in Jefferson Medical College, and Professor of Laryngology and Dean of the Faculty in the Medico-Chirurgical College; formerly Professor of Anatomy and Physiology in the Wagner Institute of Science. Vol. 1, with 42 illustrations. Philadelphia: F. A. Davis Co., Publishers. Cloth, $6.50.

Vol. 2 has since appeared, and had attention in our December number. The work consists of the two volumes; $6.50 per volume.

This is by far the most important as well as the most interesting medical work that has appeared within a half century. I make no exceptions. It will revolutionize the practice and upset all previous doctrines as to physiological chemistry.

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THE COMMONER DISEASES OF THE EYE—HOW TO DETECT AND HOW TO TREAT THEM.—For Students of Medicine. 280 illustrations (many original) and 8 colored plates. By Casey A. Wood, M. D., C. M. D. C. L., Professor of Ophthalmology, Northwestern University, Chicago; Ophthalmic Surgeon to St. Luke's Hospital and Wesley Hospital, Chicago; Consulting Ophthalmologist to Cook County Hospital and Passavant Memorial Hospital; ex-Chairman of the Ophthalmic Section, American Medical Association; formerly President of the American Academy of Medicine, and of the American Academy of Ophthalmology and Otolaryngology; Mitglied der Ophthalmologischen Gesellschaft, etc.; and Thomas A. Woodruff, M. D., C. M., L. R. C. P. (London), Ophthalmic Surgeon, St. Luke's Hospital, and St. Anthony de Padua Hospital, Chicago; member Ophthalmic Section American Medical Association; Fellow of American Academy of Medicine; Fellow of American Academy of Ophthalmology and Otolaryngology; Mitglied der Ophthalmologischen Gesellschaft, etc. Third edition, enlarged and improved, with index. Chicago: W. T. Keener & Co., 1907.

This book has been before the profession several years, and has become a popular favorite. The present volume is the third edition and is greatly improved. No one can dispute the high standing of its authors; and its aim and purpose are set forth in the title. It "considers ophthalmology from the standpoint of the physician in general practice," and not alone from that of the expert specialist.

LIGHT AND X-RAY TREATMENT OF SKIN DISEASES. By Malcolm Morris, F. R. C. S. (Ed.), Dermatologist to King Edward the Seventh's Hospital for Officers; Surgeon to the Skin Department of the Seaman's Hospital; Consulting Surgeon to the Skin Department of St. Mary's Hospital; and S. Ernest Dore, M. D., Cantrol Assistant in the Skin Department of the Middlesex Hospital. With 12 plates. Chicago. 1907. W. T. Keener & Co. Price, $1.50, net.

In the introductory the author says: "This book is not intended to be an exhaustive monograph on the subject of which it treats, but a concise summary of the methods of application and results of Finsen's light treatment, X-rays, and other therapeutic agencies which have been introduced into dermatological practice within the last ten or twelve years. The conclusions are based mainly on our own experience; but the work of others in the same field has received due attention. Our aim has been not to give records of 'cures,' but to set forth in their true light the facts we have observed, and to help the reader to form an accurate estimate of the value of the several methods described."

As such, the physician who is called to treat skin diseases will find this book of value and assistance.

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TREATMENT OF CEREBRO-SPINAL MENINGITIS BY THE SUBCUTANEOUS INJECTION OF THE FLUID OBTAINED BY LUMBAR PUNCTURE.—Radman (*Semaine médicale,* No. 28) reports two successful cases of the injection of cerebro-spinal fluid obtained from the patient himself by lumbar puncture in the treatment of cerebro-spinal fever. He found the meningococcus in the fluid, of which 35 c.c. were drawn from the spinal canal, and 8 c.c. were immediately injected under the skin of the arm. There was no local reaction. Three days later the temperature had fallen, and at the end of fifteen days all the morbid symptoms had disappeared. The object of the treatment is to provoke a curative reaction.

Publisher's Department.

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It can be given in dose of one or two drams diluted with water or in combination with such remedies as Liquor Potassa, Citrates, etc.—*Medical Essays.*

THE COUGHS FOLLOWING GRIP.—Dr. John McCarty (Louisville Medical College), in giving his personal experience with this condition, writes as follows: "Ten years ago I had the grip severely and every winter until 1902; my cough was almost intolerable. During January, 1902, I procured a supply of Antikamnia and Codeine Tablets and began taking them for my cough, which had distressed me all winter, and, as they gave me prompt relief, I continued taking them with good results. Last fall I again ordered a supply of Antikamnia and Codeine Tablets, and I have taken them regularly all winter and have coughed but very little. I take one tablet every three or four hours and one on retiring. They not only stop the cough, but make expectoration easy and satisfactory. The best results are obtained by allowing the tablet to dissolved slowly in the mouth before swallowing."

NERVOUS NEURALGIA.—Dr. Francis E. Anstie, a well known London physician, describes neuralgia as follows: "It may be defined as a disease of the nervous system, manifesting itself by pains, which, in the great majority of cases, are unilateral, and which appear to follow accurately the course of particular nerves, and ramify, sometimes into a few, sometimes into all, the terminal branches of the nerves."

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It is readily observed how such a disease permeates and controls the entire nervous organism, and to be eradicated some remedy that directs its sedative force against the central ganglia must be employed. Such a remedy is Daniel's Concentrated Tincture Passiflora Incarnata. Its action on the nervous system is direct and potent, and, unlike the opiates, leaves the mind and bodily organs in better condition when its effects subside. It is a natural narcotic and hypnotic, and gives the best results in all disease of the nervous system. Let the patient sleep normally and his recovery is assured.

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Denton, Texas. J. M. INGE, M. D.

[Dr. Inge is now President of the North Texas Medical Society, the second largest organization in Texas.—ED.]

H-M-C IN TEXAS.—I used Hyoscine Morphine and Cactin Comp. upon two tough cases, one an old man of 65, with renal colic; and allow me to go on record as saying it relieved him completely within fifteen minutes. The other was a Mexican who had had singultus for three days, and I had given all of the remedies I thought of, read or heard of, with no results. He was growing worse. In just three minutes after this first dose he stopped hiccoughing to stay stopped. I am inclined to the belief that H-M-C, Abbott, will be a greater boon to humanity than chloroform or ether because of its so much wider range of usefulness.

Hondo, Texas. Dr. B. R. BRADLEY.

CHRONIC RHINITIS.—Chronic rhinitis is an inflammation of the nasal mucosa, resulting usually from oft repeated occurrences of the acute disease. The mucous membrane is thickened and interstitial infiltration with more or less complete nasal stenosis results. The treatment is genaral and local. Regulation of the prima viæ and the upbuilding of the general system are especially indicated. Locally the nasal passages require the cleansing and purgative effect of alkaline douches. For these purposes Glyco-Thymoline stands first in the list of remedies. It should be used as a douche in the proportion of one part to three of water, three or four times a day.—*American Journal of Dermatology.*

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THE

TEXAS MEDICAL JOURNAL.

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For the Texas Medical Journal.

The X-Rays as an Aid in the Early Diagnosis of Pulmonary Tuberculosis.*

BY R. H. L. BIBB, M. D., SALTILLO.

Roentgen discovered the X-Rays in the latter part of the year 1895, and in October, 1896, Williams, of Boston, published, in the *Boston Medical and Surgical Journal,* that "I have examined about forty cases of pulmonary tuberculosis, and find not only that the fluoroscope is of value in determining the extent of the disease, but also sometimes reveals its location where and when it would otherwise have been unsuspected." Bouchard, in December of the same year, gave an account of the X-Rays in the diagnosis of pulmonary tuberculosis. So it will be seen that to Williams is due the credit of calling the attention of the medical profession to this invaluable aid in diagnosing a disease, upon the early recognition of which depends the welfare of every one of its millions of victims. Following the announcement made by Williams, the subject was taken up in all parts of the civilized world, and the value of the procedure is recognized, today, as one of the most valuable that the physician can call to his aid in the early diagnosis of pulmonary tuberculosis.

It will be noted that the word "aid" has been used in the preceding paragraph. This has been done advisedly, for no one will contend that a diagnosis can be made, in all cases, by the X-Rays, apart from the history; but it is asserted, and it is recognized, everywhere, that there are one, or more, symptoms, common to all

*Read before the International Society of Mexico, Section in Electro-Therapeutics, January 24, 1908.

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cases of pulmonary tuberculosis, in its primary stage, that can be recognized by the X-Rays, and which can not be recognized in any other way, at the present time. Four of these symptoms, in the order of their value, are the following:

1. The movements of the diaphragm—first pointed out by Williams—is restricted on the affected side or sides, usually in the lower part of its excursion.
2. One or both apices of the lungs fail to light up on deep inspiration.
3. The diseased portion of the lungs casts a shadow on the screen or fluoroscope.
4. The heart, in a large majority of cases, is smaller than normal, and is placed more vertically in the chest.

Of these changes or symptoms, the restricted movements of the diaphragm is one of the earliest and most frequent signs, and in many cases may be discovered long before failure of the lung to light up becomes manifest. This restricted movement of the diaphragm is admitted by all observers; but they are not agreed that the sign precedes other signs, in all cases. Williams says it is one of the very earliest signs of pulmonary tuberculosis. Bonnet Leon writes that the "diaphragmatic sign" occurs in the "pretuberculous period" of the disease, and he claims that children and adults of tuberculous parents nearly all show it. There is no consensus of opinion as to the cause of this valuable and interesting symptom. It has been attributed to:

1. Toxic cause, impairing tissue vitality.
2. Loss of elasticity in the lung tissue.
3. Unrecognizable pleuritic adhesions.
4. Faulty reflex innervation, etc.

As you all know, when a healthy lung is lighted up by an X-Ray tube, it is clear and spotless from apex to base. When examined with the fluoroscope there is a pronounced difference in its fluorescence at the end of deep inspiration and expiration. On deep inspiration the area of fluorescence as shown by the fluoroscope is largely increased, due, according to Williams, to a lesser quantity of blood in the lung, but, according to the opinion of others, due to a distension of the lungs by air which makes them more permeable to the rays. Walsham and Orton say that, "The failure to brighten up of one or other or both apices on deep inspiration is one of the earliest signs of pulmonary tuberculosis and can certainly be made out before any distinct mottled shadowing can be detected." They recommend that "in making a comparison between

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the two apices, care must be taken to adjust the light so that the suspected side is barely illuminated, as the contrast between it and the normal side will then be more obvious. If the quantity of rays employed or their penetrating powers be too great, small difference in density will not be apparent, and the condition entirely overlooked." In difficult cases they recommend placing a lead diaphragm between the patient and tube.

The shadows cast upon the fluoroscope in the early stage of pulmonary tuberculosis is due to lung consolidation, and when the foci of such consolidation are small and scattered, they may be discovered by the X-Ray before their discovery is at all possible by any other method of examination.

Walsham and Orton assert that "we have frequently noticed that in a large majority of cases of pulmonary tuberculosis the heart is seen to be much smaller than normal, and placed more vertically in the chest. In some cases the extreme smallness of this organ is very striking." Bouchard and Baltharzard, of Paris, claim that the heart, in the first stage of pulmonary tuberculosis, is smaller than normal, and regard the reduced size of the organ as characteristic of "a tuberculous soil"—one of the dystrophies which predisposes to tuberculosis. Guilleminot believes that cases of tuberculosis which are cured are those who possessed hearts larger than the normal size. The size of the heart and its position can now be determined with a percision not attainable before the introduction of the X-Rays and the orthodiagraph in chest examinations; and it is in this connection that the X-Rays loan such valuable aid in making a diagnosis in an obscure case of pulmonary tuberculosis, when a knowledge of the size and position of the heart is necessary to that end.

To return to the subject of restricted movements of the diaphragm, it may be well to give conclusions of Guilleminot on its importance, since he has studied it from every standpoint. His conclusions are as follows:

"1. That on the right side the mean position of the diaphragmatic curve is 16.5 centimeters below the supra sternal notch, and on the left side 18.5 centimeters below that line.

2. The normal amplitudes of the diaphragmatic incursion is from 16 to 18 millimeters; it is approximately equal on the two sides.

3. Any variation in the amount of incursion on the right and left sides is a pathological symptom."

In concluding this fragmentary writing, the following hypothet-

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ical case is submitted—a case not altogether hypothetical in the experience of very many practitioners:

A young lady, aged 18, returns from school complaining of general weakness, anemia, loss of flesh, loss of appetite, an evening temperature of 37.2, a morning temperature of 36.8. No cough, no expectoration, no hemoptysis, no night sweats. Physical examination absolutely negative. An X-Ray examination shows an almost imperceptible shadow of the left apex down to third rib.

DIAPHRAGMATIC MOVEMENTS.

Quiet respiration, right side, five-eighths inch; left side, one-half inch; forced respiration, right side, two and three-quarter inches; left side, two and one-half inches.

With this data in hand, it is submitted that a positive diagnosis of incipient pulmonary tuberculosis of the left lung can be made, and that it can not be made by any other process in use at the present day.

For the Texas Medical Journal.

Chronic Intestinal Auto-Intoxication.*

BY R. H. L. BIBB, M. D., SALTILLO.

Since Bouchard's classical publications, in 1887 and in 1890, intestinal auto-intoxication has challeged attention from the foremost medical men and investigators of the age, and it is regarded, today, as one of the most potent factors in the causation of many of the diseases which physicians are called upon to treat. In view of the admitted importance of the subject, then, it could hardly be expected that, in an address for this occasion, the author would be able to do more than pass, in rapid review, the most important features of the subject, did ability permit him to deal with it otherwise.

Chronic intestinal auto-infection has been traced, almost exclusively, to faulty changes in the albumins and nucleins within the alimentary canal, due to some defect in pancreatic digestion, aided by bacterial influences, wherein albumoses are formed from the albumins, and uric acid is formed from the nucleins—bacterial action being spent, principally, if not wholly, upon the albumins, so that "pancreatic putridity," instead of the products of pancre-

*Read before the International Medical Society of Mexico, Section in General Medicine, January 24, 1908. Chairman's Address.

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atic digestion, are carried into the colon where they are converted, by the fauna and the flora of that portion of the digestive tube, into indol and phenol, and other less noxious compounds, which enter the system through the blood vessels and lacteals, and which are, for a time, that is variable, as this period is determined by the surroundings and other conditions which tend for or against the health and well-being of the individual, filtered out, oxidized, or rendered inert by the liver, the lymphatics, the kidneys, the the lungs, muscles, brain, skin and other organs of the body until some one or more of these organs break down and the victim becomes a patient under the care of his medical adviser, too often, long after irreparable damage has been done.

A greater or lesser amount of putridity is thought to be associated with the digestion of even those regarded as of good health; but, as a rule, it may be stated that the amount of indol and phenol, xanthin, hypoxanthin, paraxanthin, etc., will be found in a given case, will depend upon the nature of the food supply, its preparation, quantity, mastication, digestion, etc.; the time it remains in the colon—for it is this portion of the digestive tract that is richest in bacteria—as well as upon the number and nature of its contained flora.

Radiating from the intestines to every cell throughout the human economy, as might be expected, the symptoms of *chronic intestinal auto-intoxication* are multiform, and, oftentimes, exceedingly perplexing. Thus, of 77 cases analyzed by Forchheimer —37 males and 40 females—the complaint was general in 12 cases; 18 complained of gastric troubles; 12 of intestinal derangement; 52 had disorder of the nervous system of some sort; 4 disease of the genito-urinary organs; 4 had skin affections; 17 had locomotor difficulties; 7 had defects of the eyes, nose or ears. Sixty-six of the 77 had Riggs' disease (pyorrhea alveolaris); 8 had healthy gums, and 3 were toothless. On closer analysis, Forchheimer found that 73 of 77 patients presented evidence of bowel derangement; 27 were dyspeptics; 19 had hyperchlorhydria; 1 achlorhydria; 4 sensory or motor gastric neuroses; 1 had gastroptosis; 18 were regular in their evacuations; 4 were irregular; 44 were constipated; 5 had diarrhea; 5 diarrhea alternating with constipation; 3 suffered from flatulence and colic; 5 had enteritis mucosa, and 10 had chronic appendicitis.

In a large proportion of cases, basing this assertion on personal observation, there is greater or lesser derangement in the function of the kidneys. In some cases there is marked polyuria, so that the physician may suspect glycosuria, diabetes insipidus or fibroid

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kidney; in others, oliguria, is equally pronounced, while yet in other cases the two symptoms may alternate. The specific gravity of the urine may vary from 1009 to 1030, and indican, in excess, is present in a very large majority of all cases. In 68 of Forchheimer's 77 cases, it was increased; and in 39 of his 44 constipated cases indican was not only increased, but in all of his cases—13—where the colon was filled with fecal matter, the greatest indican index obtained. The quantity of indican was also augmented in all of Forchheimer's cases where constipation alternated with diarrhea; and, contrary to what might have been expected, in view of the supposed poisonous action of that substance on the renal cells, in only 6, out of his 77 cases, did Forchheimer find indican associated with albumin in the renal secretion. In 600 urinary examination made by Williams—who is disposed to question that indican, itself, is prejudicial to the individual, but who admits its importance as indicating intestinal putrefaction, found it associated with albumen in 103 cases, and present in 108 cases where albumen was absent, or 211 times in the 600 examinations. Luff believes that kidney disease and gout both owe their origin to the influence of toxins which are, in all probability, produced in, and absorbed from, the intestinal tract. "It can not be denied," he writes, "that the classic remedies for gout have only two things in common: one, that they relieve gout; and, the other, that they check intestinal putrefaction, or diminish the absorption of its products or promote their elimination from the system." He continues: "The intestinal tract is a very powerful factor, if not the primary factor in the development of gout," and he builds up a plan of medicinal, dietetic, balenological and climatic management of the disease, based upon this idea.

Nervous symptoms were manifest in 61 of Forchheimer's 77 cases; 6 of whom had genuine migraine; 11 had neuralgia; 2 suffered from neuritis; 4 from paresthesia; 14 were nervous and irritable; 7 were nervous, irritable and excitable; 7 were depressed; 3 were phobiacs; 11 had insomnia; 2 were hypochondriacs; 1 was melancholic; 4 were hysterical, and 4 had vertigo. In 58 of these cases there were abnormalities in the cardio-vascular apparatus; of which 17 were neurotic; 11 had myocardial affections; 6 chronic myocarditis; 3 dilated hearts; 1 the heart of arteriosclerosis; 1 obese heart; 12 had valvular lesions; 4 aortic insufficiency; 5 mitral insufficiency; 1 mitral insufficiency and stenosis; 1 aortic and mitral insufficiency and stenosis; 3 soft systolic aortic bruit, and in 5 there was accentuation of the aortic second sound.

In analyzing the symptoms of those of the 77 cases who had

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affections of the locomotor apparatus, Forchheimer found that 50 had diseases of the muscles and joints, of which 19 had gouty joints; 24 had muscular rheumatism; 13 complained of transitory rheumatic muscular pains; 15 of the 19 with gross manifestations of gout had increased indican output, as did also 20 of the 24 who had muscular rheumatism. The average quantity of indican being 3.5, and the maximum, in one case, was 5 per cent. Eleven out of the 13 who had transitory muscular pains had indicanuria; 22 presented skin manifestations; 5 urticaria; 5 eczema; 3 furunculosis; 4 acne vulgaris; 1 angioneurotic edema; 1 dermatomyostitis; 1 erythemata, and 1 had red axillary perspiration. Thirteen of the 77 had respiratory involvement, of which 5 had tuberculosis; 2 bronchitis; 4 bronchitis and asthma, and 2 had emphysema.

In the main, my observations agree with those of Forchheimer's, and I have elected to use the latter, for this occasion, because they are more numerous and more extensively analyzed than the former, and because of their more authoritative origin. I will take occasion to state, however, that in 30 undoubted cases of chronic intestinal auto-intoxication observed and analyzed by myself, the urine of 8 contained albumen; pyorrhea alveolaris, more or less extensive, gastro-intestinal involvement and indicanuria were present in all of them—the indican output being greatest in the most constipated; nervous phenomena, insomnia, neuralgias, and migraine was marked in 6, of which 2 had epileptiform convulsions and 1 severe and persistent vertigo; 7 were rheumatics—muscular and articular; 3 had skin eruptions, 1 urticaria and 2 acne vulgaris; 1 was asthmatic, and 5 complained of general illness, rather, general ill-health, with slight variations in the evening and morning temperatures. These 5 had been variously diagnosed, and had been treated for chronic malaria, influenza, tuberculosis, typho-malarial and typhoid fever and chronic hepatitis. Two of these cases, notwithstanding physical and microscopical examinations were constantly negative, and the indican output was as constantly high, could be diagnosed only after I had made several radio-scopic examinations of the chest and found that both sides lighted up normally, and that the incursions and excursions of the diaphragm were equal; it being about three-quarters of an inch on both sides.

From the foregoing it would appear that the diagnosis of chronic intestinal auto-intoxication is beset with many difficulties, but these difficulties are more seeming than real; for, when it can not be made by direct examination, it can almost invariably be made by exclusion. It must be remembered that indican is generally present in the urine, in increased quantity, in Addison's disease,

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in cholera, carcinoma of the liver, central and peripheral disease of the nervous system, typhoid fever, dysentery, carcinoma of the stomach, ileus, acute, subacute and chronic gastritis, acute and chronic peritonitis, empyema, putrid bronchitis, gangrene of the lungs, or, in short, in any condition (von Jaksch) where albuminous putrefaction is progressing, actively, in some part of the system.

From Forchheimer's observations, and from my own, intestinal disorders, Riggs' disease and indicanuria, are the three leading symptoms of chronic intestinal auto-intoxication, and I believe that a diagnosis based upon these three symptoms would be well-founded and correct.

In the treatment of chronic intestinal auto-infection, it is absolutely necessary to put the mouth and stomach in a good condition; to withdraw, at least temporarily, all albuminous food; to clean out and disinfect the alimentary tract; to prescribe gastric and intestinal tonics, and to insist upon proper food, in suitable quantities, at regular hours, that has been properly prepared and thoroughly masticated. The use of wines, coffee, tea, condiments and tobacco, and the use of fluids, in excess, during meals, should be interdicted. Oftentimes a change of diet and habits will be all that many cases will require, provided their mouths are in condition to properly masticate their food.

A pill containing two grains and a half each of blue mass and calomel, to be followed in ten or twelve hours by an ounce of castor oil, will be beneficial, at the beginning of treatment in most cases, whatever may be the condition of the stomach and bowels. As an aid to digestion, a capsule containing one-fourth grain of extract of nux vomica, and two and a half grains each of diastase and pancreatine, immediately after each meal, will benefit many. Constipated cases will require aloes, strychnine and belladonna, associated with either the galvanic, faradic, or high-frequency current. Where there is gastroptosis, motor insufficiency, or colitis mucosa, gastric and intestinal lavage with either static electricity, or the faradic or high-frequency current, will be of signal service. Salol is a safe and an efficient intestinal antiseptic, when given after meals, and, where there is diarrhea, will usually be all that is required to correct that condition in the majority of cases needing it.

RHEUMATIC HYPERTROPHIED HEART.—Thompson advises rest in bed; aconite; firm strapping of left side for dyspnea due to chest adhesions; belladonna with compound spirit of ether for dyspnea of mitral stenosis.—*Denver Med. Times.*

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For the Texas Medical Journal.

House Disinfection.

BY THEO. Y. HULL, B. S., M. D., SAN ANTONIO, TEXAS.

Having spent the greater part of two years in an endeavor to locate that land—the land of the ideal climate, which many seek and but few find—I have very naturally in my study of tuberculosis been deeply impressed with many things relating thereto that may well call for comment. The question of house disinfection is one that has been most forcibly presented to my mind. In many instances I have been absolutely shocked by the carelessness and ignorance displayed by those who should know better. Tuberculosis will never be stamped out until the general public is taught or compelled to use a few simple sanitary measures. There is such a thing as criminal negligence recognized by the law. Preventive medicine has here one of its widest fields. It is observations of this character that have led me to urge upon the health authorities of the State the imperative necessity of the registration of all tubercular sick.

I may well use as an illustration the history of a single room during a period of much less than one year. In that time it was occupied in succession by four persons suffering with tuberculosis in the last stages. Only one of these used a sputum cup, and this one not until after occupying the room for over two months. Not one of them took any adequate precautions to prevent the dissemination of the germs. All used an open tin pail or can in which to expectorate or a newspaper spread upon the carpet at night for the same purpose. Not a single door or window was screened or any other means taken to prevent the free ingress and egress of flies and mosquitoes. To make matters as bad as possible, and to insure a proper receptacle for the germs, the floor was covered with a very heavy carpet, which was never taken up or cleaned during the time. An ordinary broom, without even the semblance of a damp cloth over it, was used in sweeping. Notwithstanding all this, not anything that could be dignified in any possible way with the name of disinfectant was used. No attempt was made to clean the walls, which had been papered years before, and each occupant in turn was led to believe that no one with consumption had ever occupied the room. At least eight persons, five adults and three children, were with or in attendance upon the four sick ones, and spent a large part of their time in this room. Comment is hardly necessary as to the effect upon the

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eight well persons. One, indeed, informed me that she trusted in "a power higher than man" to keep her from contracting the disease. Unless immunity has in some fortunate way been acquired, it simply means eight additional cases of tuberculosis with eight new foci for spreading the disease.

The statement "No consumptives taken" greets the traveler in nearly every hotel and boarding house in the South, the West and the Southwest. Notwithstanding this, nearly every one is taken who can pay the price, unless the condition is too self-evident. The floors of the sleeping apartments have almost invariably been covered with heavy carpets, and yet only on the rarest occasions have I seen any suitable sanitary device for sweeping and cleaning.

Very crude ideas exist among the laity as to the liability of individuals to contract the disease. A party with several houses to rent informed me that he would not be afraid to inhale an unlimited quantity of bacilli. I was told by a shrewd business man that a case of tuberculosis had never been known to develop in a native of a certain community. This statement was on a par with that of another business man who insisted that mosquitoes would not develop in the stagnant pools along a certain stream. Persons with such primitive ideas often, as in these instances, stand in the way of progress in sanitary matters. The utter disregard of consequences to the well often shown by the landlords of "furnished cottages" is nothing less than criminal, and should be made so by statutory enactment. Recently a party seeking to rent a cottage was informed by the owner that no "consumptives" had lived in it. To my personal knowledge, the only persons in the house for many months were consumptives, one of whom died in it, another has since died and a third is well on his way to the same end. No means of disinfection have been employed. Another instance will show the extent to which this practice is carried in seemingly respectable quarters. A gentleman leased a furnished house on the assurance of the owner that no sick people had lived in it and that the "invariable carpets" had been recently cleaned. It is needless to repeat what the neighbors said as to the sick occupants, and the carpets on closer examination showed no evidence of ever having been put through any process of cleaning.

These instances of personal knowledge might be multiplied, but such things are of common observation. Some day the public will be rudely awakened to the meaning of criminal negligence. Of all the agencies for the free distribution of the germs of tuberculosis and other diseases, the furnished cottage with its monthly tenant has no equal. Is it any wonder that over 10 per cent of all

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the people die from the ravages of the so-called white plague or house disease and that post-mortem examinations reveal the rather startling fact that from 60 to 90 per cent of all have had it at some period of their lives.

It is extremely difficult to prevent the spread of diseases when every precaution is taken. A physician whose child was stricken with scarlet fever, on its recovery removed from the house and had the premises, as he supposed, thoroughly fumigated. Yet, a little later a family of several children moved into the place, and every child in due time contracted the fever. If the germs of disease will be disseminated when proper means to prevent it are used, how much greater must be the distribution when no precautions are taken whatever.

In tuberculosis, the average patient is either untrained in taking care of the sputum, or is absolutely indifferent to the welfare of others. Nearly every outside patient I see has been using either a newspaper spread on the carpet or an open can or pail, into which the flies swarm at will, or for the sake of variation the open window or stove hearth serves in place of the sanitary spitting cup. It may seem strange, but in many instances one is compelled to resort to arbitrary measures to prevent the continuance of such unsanitary practices.

Knowing these conditions to exist, as nearly every intelligent person does know them, how readily can we see that some sanitary measures much more stringent and far-reaching than any we have on statute books or in town ordinances are imperative.

With this survey of the field in which work is so urgently needed, let us turn to some of the means employed by the laity in an attempt at sanitation. The first thing one notices is the extremely primitive methods followed. A box of matches, a handful of sulphur, a sulphur candle, a weak solution of carbolic acid and an ounce or two of formaldehyde sprinkled over a dry floor will disinfect, we are told, a room of any dimensions with little attention paid to closing apertures. A lady and her children spent the summer on a ranch. She was given a room that was said to be thoroughly disinfected. A party having tuberculosis in the second stage had occupied the room for several months. A box of matches was burned in the room to render it thoroughly germ free.

In another instance a party rented a large furnished house with the intention of taking weekly roomers. Every room in the building within ten months had been occupied by consumptives. I asked him if he had considered the need of fumigation. He intended burning a little sulphur in each room. He may have done

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so, but the windows were never closed, and the sign "furnished rooms" was hung out the next morning. Supposedly healthy people have occupied the rooms ever since—men, women and children.

In a Southern city where the city fathers passed an ordinance requiring all houses to be fumigated immediately on being vacated by persons sick of tuberculosis, but failed to prescribe any method of procedure or to designate any officer to attend to such matters. I examined a house that the owner declared had been thoroughly disinfected the previous day. I could detect no odor of disinfectants and saw no evidence of it save a few spots on the floor, where evidently a little formaldehyde had evaporated. Every family who had lived in this house had one or more persons sick with tuberculosis.

The question of checking the spread of tuberculosis is a most serious one, and one that calls for the application of the highest intelligence, but what can we expect to result if such primitive methods of fumigation are not forbidden and the common practice of allowing well people to occupy apartments just vacated by the sick is not checked by law. Our statute books are filled with laws designed to prevent one man from despoiling his neighbors, either his property or his good name. Does not he who for gain or for want of care places another in such a position that he contracts a fatal disease despoil him of something more valuable than his property, and yet he can do this with impunity, for there is no law to reach him. If such practices as I have described existed in only a few localities, it would not be so serious a matter, but, unfortunately, they are all but universal in this country.

In many cities measures have been taken for several years to check the spread of tuberculosis, but few of them are effective, and none of them place any degree of responsibility upon the owner, agent or lessee that will make them so. In the city of Washington (to 1906) the health department, on receipt of a death certificate showing tuberculosis as the cause of death, offered to disinfect free of charge the room and bedding occupied and used by the deceased, but this was not compulsory, and no attention was given to rooms occupied by consumptives and vacated by them during life. Of course, no regulation embodying this latter point can be made effective until we have a systematic registration of every person suffering from tuberculosis and his whereabouts made a matter of record. In Asheville a town ordinance makes it compulsory to fumigate rooms occupied by consumptives when vacated, but renders it of very little practical value by its failure to prescribe a definite method or methods of disinfection, and it

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further failed in not designating some official to carry it into effect. When these matters are left to the public or the property owner, the least expensive method and the one most easily carried out will be used. The question of effectiveness will not receive any great consideration.

That this failure to effectively disinfect premises occupied by the tubercular sick, or to disinfect them at all, is a serious evil all must admit, and an equal evil in any other walk of life would be considered as criminal and penalties provided for its punishment. There is but one way to correct the evil, and that is by enactment of rigid State regulations. I may not be my brother's keeper, but I must not be his destroyer.

As to the question of legislation, any law regulation or ordinance to be effective must embody the following points:

1. It should require under sufficient penalty all rooms occupied by persons suffering from tuberculosis to be fumigated thoroughly immediately on being vacated. In the case of furnished rooms, it should require the bedding, carpets, rugs and everything used by the patient to be treated in the same way. It will not be sufficient to advise this to be done. It must be made obligatory upon the owner, agent or lessee, and proper punishment prescribed in case of failure to do so. It has been my experience, and I believe the experience of most physicians, that many people will not use disinfectants at all unless compelled by law. The owner of a row of tenant houses as well as the owner of a few furnished rooms will count the cost and trouble, and will hold this of far greater weight than the danger to the other fellow.

2. In order to render such an ordinance effective it must prescribe a definite method or methods of disinfection. To leave this to the judgment or avarice of the landlord or agent means to render it non-effective, as I have shown above. My own preference is for formaldehyde poured over permanganate of potash in the presence of sufficient moisture in the room, after the manner prescribed by the *Journal A. M. A.*, July 14, 1906, page 139, and tested by the State Boards of Health of Maine, Illinois and New Hampshire. This requires for every 1000 cubic feet of air space one pint of a 40 per cent solution of formaldehyde and four to six ounces of permanganate of potash. A solution of mercuric bichloride 1 to 1000 should be used to disinfect the woodwork, floors and furniture. But, whatever method is prescribed, a sufficient quantity of the disinfectant should be used to insure effective work.

3. To make disinfection obligatory upon the proper persons and to prescribe the method of doing it will not always accomplish

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the result. To render the ordinance doubly effective, it must go further and designate some official as a "public fumigator," whose duty it should be to have the work carried out under his direction and to be personally responsible for its thoroughness. The cost should be assessed against the landlord or tenant, as the case may be. This is essentially right and proper. It is not to be supposed that any one wishes another to contract a disease from which he is dying, and the assurance that such will not be the case should be rendered doubly sure.

4. No owner or agent should be permitted to rent any premises, either cottage or room, empty or furnished, that have been occupied by consumptives in any stage of the disease without first providing a certificate signed by the proper official showing when and how said premises were disinfected. This should be a matter of record. The extent to which persons afflicted with tuberculosis flock to certain cities and parts of the country renders some such regulation absolutely imperative.

5. To enable the authorities to make the other sections of a city ordinance more effective, there should be a complete registration of each person suffering from tuberculosis, and his or her whereabouts should be a matter of record from month to month. My experience with owners of "houses to let" leads me to urge and insist upon some form of record to which the respective lessee may appeal. It is not only desirable but an urgent necessity in the fight against tuberculosis.

6. Another section I would add in the way of a preventive measure. We have ordinances against expectorating upon the public sidewalk, in a public hall or in any public conveyance. It may not be going too far to urge some form of sanitary "spitting cup" for the use of each individual in his home. The large number of untrained and unthinking sick make some such regulation necessary.

In conclusion let me add, many object to this form of regulation as restricting to too great a degree the rights and privileges of the individual. The same may be said of the crusade in all the great cities to secure a better milk supply. The same has been said and is being reiterated in the struggle to secure pure food and drug legislation. No great reform has ever been accomplished without criticism and opposition. Neither will this, the greatest of works of preventive medicine, the stamping out of tuberculosis, be accomplished without a struggle. It may cause hardships to some, but in certain emergencies they must be borne for the public good, and no greater good can come to a people. One hundred

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and fifty thousand deaths a year from one cause amounts to a national scourge, and its concomitant evils constitute a national calamity. "To promote the general welfare," the preamble to our national Constitution, declares to be one of the objects of the government. What can promote the general welfare to so great a degree as to save one million people of this land annually from the evils of that most loathsome of all diseases—tuberculosis?

For the Texas Medical Journal.

A Great Reformation Needed: A Call to Duty.

BY ALEXANDER S. GARRETT, M. D., SPRINGTOWN, TEXAS.

It is patent to all reading, thinking, observing physicians that we are in the beginning of one of the greatest and most important social reformations ever known in the history of the world. Just how, where and when it started I am not prepared to say. Whether the reformation first originated in France under or by the suggestion and leadership of Professor Fornier in 1900, as I have seen stated, or whether the spirit of reformation touched the hearts of others in this country at the same time, before or since, I know not. But I do know that the reformation is now at hand, and that it is knocking at the hearts and consciences af every lover of humanity within the pale of the medical profession who is aware of its presence, and of the need of a reformation in regard to the great "social evil," or venereal diseases.

The curse and scourge of gonorrhea and syphilis have become so great that the medical profession must remove the veil of darkness and ignorance, expose the danger, the rottenness, the awful results and "cry aloud and spare not." The physician must be as a watchman on the walls of Jerusalem, who "will not hold his peace day nor night" till humanity is freed and redeemed from the pollutions and ravaging effects of venereal diseases.

Adding the experiences, observations and testimonies of the general practitioner in the country and small towns to the ponderous and fearful observations and testimonies of the surgeons, specialist and hospital physicians of the large cities, we are astounded and confounded with the awful havoc the social evil is playing with the husbands and wives and sons and daughters of the human race all over the inhabited world.

It may be true that a large number of physicians, especially those who graduated many years ago, and have not kept alto-

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gether in touch with the more recent observations and teachings, more especially about gonorrhea, do not realize the magnitude of the social reformation. To that class, if there be any, let me say, in all seriousness and earnestness, the battle cry has gone out. Fall into line! Physicians everywhere are to use all the knowledge and influence they have and can bring to bear to save or help save our nation from the awful and degenerating effects in so many ways of syphilis and gonorrhea.

Syphilis and gonorrhea are becoming so common that a pure, innocent, virtuous woman who enters into the holy bonds of matrimony may be entering into a union by which she is to receive an infection from her own husband, unknowingly and unintentionally it no doubt may be on his part, which will make her an unhappy, miserable, suffering invalid the balance of her days.

Dr. Prince A. Morrow, one of the greatest, if not the greatest or foremost, leader in the reform movement, says: "It may be a startling statement, but, nevertheless, true, that there is more venereal infection among virtuous wives than professional prostitutes in this country." Doctors, we do not know ourselves, when our daughters get married, especially if they marry a town man or city man, whether he is truly a well man or not. What of an uninformed public?

From 40 to 60 per cent of all inflammations of the womb and its peritoneal coverings are said to be of gonorrheal origin. Add to this the loathing spectacle of syphilis in all its horrid forms, the sorrowful disappointments and sufferings of mothers in abortions, miscarriages and premature deaths caused by syphilis, and we have a social state of affairs that make us shudder to contemplate.

Add to this the appalling fact that a large per cent of childless marriages are the result of gonorrhea contracted by the husband before marriage, and we shudder still more to contemplate the defilement of our social conditions.

While the great surgeons and specialists tell us about these conditions, in large numbers and in large per cents, there are very few general practitioners who do not know something of the awfulness and terribleness of these diseases in a more limited sense.

When we add to the above conditions the strictures, rheumatisms and various other diseases resulting therefrom, together with the social unhappiness in many ways, we are made to wonder why the medical profession has been so long finding out these awful facts.

Some years ago the writer practiced medicine in a small town in Texas where he was informed that a physician who had pre-

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ceded him several years before, actually imported a woman with gonorrhea for the purpose of increasing his practice. Strange to say, it was said the "good" doctor was one of the first patients with gonorrhea! Had he known of the remote effects of gonorrhea, leaving out the sin, he would never have committed such an act.

Gonorrhea is on the increase. It must be checked.

A young medical student who was at home in our town during the Christmas holidays from one of our Texas medical colleges told the writer that by far the largest per cent of clinical cases in his college were venereal.

A druggist in our town, who was formerly in the drug business in one of our largest cities, says that it was no unusual occurrence to fill prescriptions for boys 12 to 14 years old for gonorrhea.

At the meeting of the State Medical Association at Mineral Wells, last year, I had prepared some resolutions to introduce before the House of Delegates, looking towards the education of the boys and girls in our public schools on the nature of venereal diseases. After conferring with several prominent delegates, I was persuaded not to offer the resolutions at that time.

I want to conclude this paper by quoting from ex-Governor W. J. Northen, of Georgia, in a recent address before the Atlanta Society for Sanitary and Moral Prophylaxis. He said: "If these things are undermining our social fabric to the alarming extent repeatedly stated in this presence this evening, I deliberately charge that you will be criminal before God and the people of our city if you do not have all of us know to the fullest extent, that you know, the dangers that confront us, because of the social sin. If what you said is true, and I do not doubt one word of your utterances, there ought to be great and glaring red lights before the eyes of every man in Atlanta, including all classes, so that all of us may know and apply the remedies, before destructive evils thoroughly poison our whole social system." * * * "If the so-called social evil is so destructive to the young, why not make proper instructions upon this subject a part of our school system, and have the younger generation of both sexes, fully informed as to the injurious effects that follow impurity and moral uncleanness that seem to be so common over the land? With these evils so alarmingly prevalent and so destructive of mind, body and spirit, we can but be cruelly unkind if we do not thoroughly inform the youth of the city, before they shall be ignorantly destroyed.

"When you say that 30 or 40 per cent of the blindness among the unfortunates of this class of our people is to be attributed to

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the destructive forces of the so-called social evil, how can we delay to inform men, lest we allow—purposely allow—the ruin of the race and approve the open shame of the home?

"When you tell me that 50 to 75 per cent of the male population of the larger cities is more or less afflicted with this moral leprosy, you challenge my faith in the people if I retain my confidence in your statement and my regard for your opportunities to know.

"All things being true, as your discussion must lead us to believe, I charge you, in the name of clean living and in the name of humanity that seems to be going steadily and rapidly to decay, lay aside false modesty, call these dreadful things by their horrid names, and, with heroic effort, begin the recovery of the generation through the purity of individual life and the sanctity and virtue of the homes of all the people.

"By all means, do not let the matter remain as it now is, but call another and a larger meeting and tell again all you have said tonight to all the people, who can be induced to come. We should speedily redeem the city from the curse of this sin."—Quoted from the *Atlanta Journal-Record of Medicine,* January, 1908.

In the *Texas Medical News,* September, 1905, under the head of "The Relation of the Physician to the Community," I called the attention of the medical profession to the alarming extent of this monster evil.

I come again in the name of God and the cause of humanity and ask every physician who may read this paper to sound the tocsin of alarm from the office, the streets, at the home, in the Young Men's Christian Associations, or anywhere under the canopy of heaven where a proper word of warning and admonition can be given.

For the Texas Medical Journal.

Letter From Dr. J. Q. Burton.

HIS TREATMENT FOR TYPHOID FEVER.

FARWELL, TEXAS, January 27, 1908.

Editor Texas Medical Journal:

After the promise to report my treatment of typhoid, I shrink from the task for the reason that the idea is so impressed on the medical mind that the disease is self-limited; that such a report would receive scant consideration, yet I will make the venture,

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though I have to take issue with such a distinguished man as Dr. Osler. To anticipate certain lines of criticism, I want to beg the profession not to doubt my diagnosis; rather, my truthfulness, for I claim to know what typhoid fever is, having practiced medicine for twenty-three years, and, as others, have traveled the long and thorny road of thirty, forty, and sometimes sixty days of that justly dreaded disease.

Fifteen years ago I was partially successful in the treatment of typhoid fever, reducing the time, in a great many cases, to fifteen days' duration. Then I relied mainly on large doses of subnitrate of bismuth, but, not knowing a purgative that I could always rely on, would sometimes fail, though my death rate was very low. In 1905 I added calomel to my former treatment, with uniform success, reducing the time to an average of ten days of fever.

My method, when I can positively make a diagnosis of typhoid, or in suspected cases (I do not wait for development, for valuable time may be lost), I commence with from one to three grains of calomel, divided into six parts, given half hour apart, usually in the evening, followed by castor oil and spirits of turpentine six hours later, if necessary, and this is repeated every night or every other night, according to condition of tongue and bowels, and all the way through the course of the disease. Usually, on the second visit, I make the following prescription, varying it according to age and condition of patient:

℞ Bismuth subnitrate .....ʒss
Lac pepsin .....ʒiss
Bicarb. soda .....ʒi
M. Divide into charts No. 16. S. One every three hours.

I keep this prescription up as long as there is fever, and afterward further apart, till patient is up.

For the diet I rely mainly on buttermilk, and at times let them fast when nothing is relished. When I do feed, I give food regularly, every three hours in day, once at night. Peptonoids do well for a change in some cases. Do not give animal food of any kind till convalescence is well established, and no solid food for a week or ten days after fever is gone. That the fever is gone is not proof that ulcers are entirely healed. The old theory that the typhoid bacillus would keep on multiplying in the blood till the fever ran its course, regardless of the source of supply, can but be erroneous. Heal the ulcers, thereby stopping the source of the bacteria and your patient gets well.

I meet symptoms and indication as they arise, but the foregoing

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plan is my main reliance, and usually does the work. This report and my confidence based on same is made on twelve cases treated in the year 1905, four cases in 1906 and eleven cases in 1907. There was two deaths, one from heart failure after convalescence was established; one with symptoms of perforation, and hemorrhage of bowels, evidently a tuberculous patient. While I would like to have a larger number to base my claim on, yet these are sufficient to give me a great deal of confidence in the treatment. The shortest number of days any of these cases ran was eight and the longest was fifteen, from the time I took charge of them; had complications in a few cases. One had symptoms of cerebro-spinal irritation, lasting three weeks; no fever. Usually where fever was gone they gained quite rapidly in strength and flesh.

This report is not intended for those who think all wisdom, knowledge and discoveries must come from some noted and distinguished member of the profession. Though I would not detract and try to discredit such distinguished members, yet I claim that the humblest may make discoveries just as important to mankind as the most distinguished, and for that reason I make bold to make this report.

J. Q. BURTON.

Philadelphia Medical Schools and the U. S. Pharmacopeia.

At an informal conference, called by Professor Joseph P. Remington, of the teachers named below in the medical schools of Philadelphia, the following resolution was passed:

Resolved, That it is of the utmost importance for accuracy in prescribing, and in the treatment of disease, that students of medicine be instructed fully as to those portions of the United States Pharmacopeia which are of value to the practitioner, and that members of the medical profession be urged to prescribe the preparations of that publication, and further that this resolution be forwarded to the medical and pharmaceutical journals, and to the teachers of medicine and therapeutics in the United States.

Signed—James Tyson, M. D.; John H. Musser, M. D.; John Marshall, M. D.; Horatio C. Wood, Jr., M. D.; H. A. Hare, M. D.; J. W. Holland, M. D.; Alfred Stengal, M. D.; David L. Edsall, M. D.; Seneca Egbert, M. D.; M. C. Thrush, M. D.; James Wilson, M. D.; E. Q. Thornton, M. D.; John V. Shoemaker, M. D.; I. Newton Snively, M. D.; J. M. Anders, M. D.; S. Colis Cohen, M. D.

February 3, 1908.

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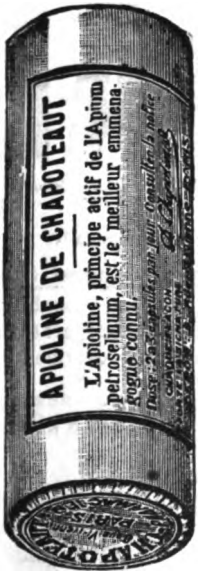

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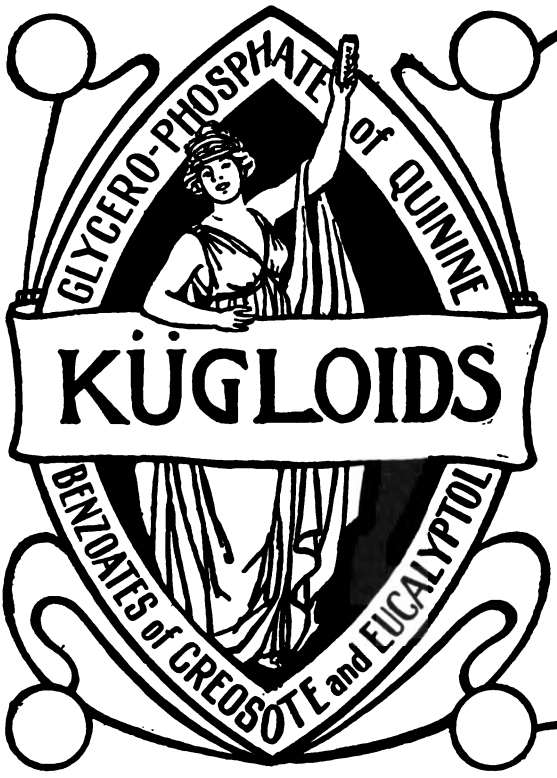

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EDITORIAL DEPARTMENT.

OUR GREATEST (AND MOST NEGLECTED) NATIONAL ASSET.

[I reproduce from the *Houston Post* of February 15th, ult., a letter addressed by the editor of this JOURNAL to the press and people of Texas. Read it. It is self-explanatory. A copy was furnished simultaneously to each of the great dailies of the State. Some of them published it; some of them did not. One leading daily published it with the paragraph on patent medicines stricken out. The managing editor of that paper told me frankly that he would not antagonize the patent medicine interest, as his paper couldn't live a month without their patronage. There is not a 14-year-old girl in Texas who does not know what "Tansy wafers" stands for. Think of it!

Such a situation is deplorable; and the magnitude of the evils and the necessity for government action, swift and sure, are only emphasized. When leading papers of a great State like Texas are so dominated by "interests" destructive and far-reaching as those of the saloon and patent medicines are shown to be, that the owners *dare not* enlighten the people; when one, representing and speaking for a vast body of the most learned men in America can not be heard in such a cause, it is a sad commentary on the degeneracy of the times, and a disgrace to our civilization.]

AUSTIN, TEXAS, February 15, 1908.

(*Staff Correspondent of the Post.*)

"The following has been given out here by F. E. Daniel, M. D., editor TEXAS MEDICAL JOURNAL, late President American International Congress on Tuberculosis, New York, 1906, and late President of the State Medical Association of Texas:

To the Press and People of Texas:

The Association for the Advancement of Science is composed of the ablest and most distinguished men in America, in every branch of learning. It includes sanitarians and other scientists, educators, authors, engineers, editors, ministers and bishops, political economists, the heads of the great universities, philanthropists, philosophers, statesmen and publicists. This association has a committee of one hundred on National health, and they have a

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subcommittee on magazine publicity; also an allied organization called the Author's League. As a member of this league, on their behalf and by request of the executive committee, I write this letter to the press.

Professor J. Pease Norton, of Yale, Executive Secretary, writes me: "The committee of one hundred is seeking to awaken public interest in the question of Federal regulation of public health to the end that Congress may enact effective legislation looking to such regulation." In a memorable address before the association last year he said:

"The salvation of the civilization and of the race lies in the hands of exceptional men. The hope of the race rests in the efficient organization for action. * * * There are four great wastes of our civilization, the more lamentable because they are unnecessary. They are preventable deaths, preventable sickness, preventable conditions of low mental and physical efficiency, and preventable ignorance." He then instances consumption as one of the factors in this great and needless waste, and says: "We look with horror on the black plague of the Middle Ages. The black plague was but a passing cloud compared with the white waste visitation. Of the people living today over 8,000,000 will die of tuberculosis, and the Federal government does not raise a hand to help them."

The object of this letter is to enlist the press in this great reform movement for humanity and race integrity. "Our National health is physically our greatest National asset," says President Roosevelt in a letter to the committee of one hundred of the Association for the Advancement of Science. It is our greatest asset not only physically, but in every other respect—economically, socially, commercially, morally, mentally and collectively—both national, State and municipal. It is the fundamental and most important interest of a people, a State or a nation, the interest upon which all other interests depend. That nation is not the strongest that has the largest population, for with races as with individuals the strongest and fittest survive, but the one whose units are physically and mentally sound. Yet, strange to say, this greatest and most far-reaching and vital interest is less safeguarded by government than any other, public or private, personal or property.

IGNORANCE OF CONDITIONS.

This paradox is not the result of indifference, but it is because the people and our lawmakers do not know the conditions which are in operation to the detriment of the individual and the de-

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terioration of the race, many of the factors of which are preventable and can be removed. Nor do they know the value and scope of sanitary science in preventing and removing those factors. They have not thought and reflected upon the subject, notwithstanding the recent and brilliant example of the prevention of yellow fever by exterminating the fever-producing mosquito, and the conversion of the Panama isthmus country from the most deadly region on earth to one of salubrity, where life is not only possible, but pleasant. And it is almost impossible to educate the people or to get the lawmakers to take any interest in sanitary legislation, however vital. There are so many other things to do that evils which are productive of fearful waste of life and which in the cause of humanity cry aloud for reform are overlooked and neglected, or because the very magnitude of the needed reform discourages all attempts to deal with it. True, efforts are made both by Congress and State Legislatures to deal with certain phases of the subject, but it is inadequate and spasmodic. What is wanted and necessary is a comprehensive law of Congress, supplemented by efficient State laws, covering the entire field of sanitation, and the removal by the strong arm of authority and the strong purse of the general government of the evils which are not only destroying our people by the hundreds of thousands annually, but which are affecting our race integrity in the diminution of the birth rate and the production of feebler and still feebler offspring generation after generation.

I instance consumption, a preventable disease. It destroys 150,000 American people every year (411 every day, one every three minutes; United States census reports). And yet its spread from sick to well is preventable.

I instance the increase of insanity in Texas from 1860 to 1904 from 50 patients to 5000, the cost of maintenance from $12,000 a year in 1860 to $784,000 a year in 1904 (Comptroller's figures), the rate of increase being 6800 per cent as against 504 per cent of population. Or, in other words, the insane have increased 13.7 times faster than the population (Professor M. L. Graves, University of Texas, late Superintendent Southwestern Insane Asylum); and this increase, according to the published reports of our asylum superintendents, is due directly and indirectly to alcohol in from 50 to 95 per cent of cases. The government, State and national, licenses the sale of an agent thus fearfully destructive of life and health, producing also crime, pauperism and prostitution.

This letter is a plea for removing by the government, in so far as it is possible to do so, of every agency that can be shown (as in

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the far-reaching influences of licensed saloons and alcoholic patent medicines) to be swift factors in race degeneracy. Yet no Legislature will license saloons for the indiscriminate sale of morphine, opium or cocaine, not more destructive.

I instance also the extensive use of drinking water polluted by animal poisons; human excrement, reeking with the germs of typhoid fever, diphtheria, dysentery and other preventable diseases which carry off their scores of hundreds of our citizens.

PATENT MEDICINES.

I instance another one of the greatest evils, one which is far-reaching in its destructive influences, one which flourishes upon the ignorance and credulity of the people. It is the use and abuse of the accursed patents medicines. Many of these contain alcohol, opium, chloral or cocaine. Our daily press, and especially the religious press, fosters and promotes its "interests" by advertisements, many of which are fraudulent on their face and most of which hold out false and delusive hopes by specious promises; many are thinly veiled abortifacients, the use of which should be prohibited by law. The Federal government should deal with this monster evil.

It seems to the writer that the greatest and most imperative duty that the government, State and National, owes to its people is to protect them from these and all other dangers, and especially from the ravages of preventable diseases. To that end National legislation is necessary. It is thought the magnitude and great importance of the problem justifies and demands a National department of public health with a secretary or commissioner in the President's cabinet. In this department there should be separate bureaus covering and dealing with the subdivisions in sanitation; for instance, a bureau of education and schools, of infant hygiene (the greatest mortality is among infants); of general sanitation (under which would come the prevention of water pollution, milk infection, the breeding of flies, local epidemics, etc.); of pure foods and drugs and beverages; of registration (physicians, midwives, drugs and druggists); of quarantine, of immigration, of health information, and, fundamentally, a bureau of vital statistics, etc.

LEGISLATION FOR SANITATION.

Legislation in the interest of public health is legislation in the interest of public morals and of social economics; for what affects the health of a people adversely affects also the morals and political economies, producing crime, insanity, pauperism and prostitu-

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tion, and fewer and feebler progeny. It may be that sooner than we expect America will be called upon to measure strength with a virile people who understand and practice sanitary science and who have recently applied its principles in war with such success as to practically nullify the great numerical superiority of their antagonist. That the general government should at once take vigorous control of the situation, and by the enactment and rigid enforcement of a sanitary code, backed by an adequate appropriation, is demanded by every consideration of propriety, public safety, self-defense and National existence. Inordinate wealth, luxury, debauchery, idleness and neglect of the right principles of living render a race unfit, and in the history of the world these have preceded the downfall of the greatest civilizations.

On behalf of my distinguished colleagues and in the name of humanity and patriotism, I call on the press of Texas to lend their great power toward awakening an appreciative interest in this great reform. I trust that our great dailies will take it up editorially and urge prompt action by Congress. Professor J. P. Norton, of Yale, Executive Secretary, drawer 30, New Haven, Conn., will gladly furnish statistics and other literature free of charge, on request.

DR. CANDLER'S BOOK.—Everyday Diseases of Children and Their Rational Treatment. Geo. H. Chandler, M. D., Chicago. The Clinic Publishing Co., 1907. Cloth. 277 pages. $1.

The city physician has access to large libraries, and when in doubt or trouble he has the benefit of consultation with learned specialists. The everyday doctor, the village and country doctor, who must be an all-around specialist, is called on to practice every branch in the broad domain of medicine; he has no such resources. He must work out his problems alone; must think it out. He is expected to be "up" in every branch, and ready without warning or time for preparation to meet every emergency. To him, Dr. Candler's book will be a treasure trove, a very help in time of need. It embodies a large amount of Dr. Candler's experiences and observations under circumstances like the above mentioned, when, having to depend solely upon himself, he had to work out things by the bedside. It is a small volume and can be carried in the medicine case, buggy or saddle bags, and is arranged for ready reference. Children's diseases often puzzle the wisest. One has to learn to interpret baby language. They have a way of telling where and what hurts, a sign language; and you must learn it by observation. I will give an illustration: I was called about

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midnight to see a crying baby of six months who "just wouldn't go to sleep." Parents had done everything—examined for pins, suckled, rocked and bye-byed him, but to no purpose. I took him in my arm and he led me to the water bucket. Water was what he wanted, and he "wouldn't be happy till he got it." I gave him a gourd full and he fell asleep on my shoulder. Papa gave me $5 for going two miles to give baby a gourd of water.

Dr. Candler has had many such experiences, and his book is an epitome of his observations, his conclusions, his remedies used, and hygienic methods. It is chock full of really useful suggestions, diagnostic hints and therapeutic indications. He writes me: "I believe this little book has a mission, and have taken infinite pains to make it helpful; the kind of helpfulness I used to look for (and never found) during my early years of practice. If it should find favor in the eyes of the profession, I intend to enlarge the scope of the book, and hope, later, to make it a 'practice.'"

I confidently recommend this little work to my readers, and especially to the younger generation as really "worth while."

I CALL ATTENTION to Dr. Garrett's paper in this issue. Every doctor should read it and heed it. Few know the far-reaching and destructive effects of these diseases—diseases that have made gynecology a necessary branch of practice. It is an evil that cries aloud for reform, and emphasizes the necessity of a National Sanitary Code enforced by the Federal government. It is comprehended in the scope of the action contemplated and in motion by the Association for the Advancement of Science. See leading editorial.

THE NEW PRACTICE ACT is a veritable drag-net which will sift out many incompetents, some of whom, when first-course students, bought license from certain district boards. But it will also shut out some competent, popular and successful practitioners of years standing, who thoughtlessly failed to register their diploma as required by previous law. It is a maxim that ignorance of the law is no extenuation for its violation; and these gentlemen who failed to register, through indifference or ignorance, will have to be examined. Pretty hard on some of them.

DR. F. B. MOORE, of Palestine, died suddenly in that city, February 16th, ult.

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Editorialets.

DR. GEO. R. TABOR, of Dallas, late State Health Officer of Texas, has been elected by the Executive Committee President of the American International Congress on Tuberculosis. The Congress will hold its fifth biennial session in Chicago in June next.

DR. DERO EUGENE SEAY, of Dallas, was married on Tuesday, March 3d, at 6 o'clock, at the First Presbyterian Church, Dallas, Texas, to Miss Pauline Adrienne Bolanz, of that city. Thanks for cards.

BEGINNING with the April issue, the *Electro-Therapeutist,* formerly published by H. C. Bennett, M. D., of Lima, Ohio, will be consolidated with *Albright's Office Practitioner,* Philadelphia. There will be no change in the title, policy or management of the latter journal, the only change being an increase of the number of pages.

INTERNATIONAL MEDICAL ASSOCIATION (MEXICO).—At the recent meeting of this Association held in Monterey, Mexico, the following officers were elected:

President, Dr. W. R. Jamieson, Torreon, Coahuila; First Vice-President, Dr. R. H. L. Bibb, Saltillo, Coahuila; Second Vice-President, Dr. Mary L. Burnham, Monterey, N. L.; Secretary and Treasurer, Dr. J. S. Steele, Monterey, N. L.; Censor for three years' term, Dr. R. H. L. Bibb, Saltillo, Coahuila; Editors of the Annual, Drs. Jamieson and Robinson, Torreon, Coahuila.

Next meeting at Tampico, January, 1909.

DR. T. J. TYNER died in Washington City, February 8th, ult., after a protracted illness. Dr. Tyner was long a resident of San Antonio, and later of Austin. He removed to Washington in 1894, and engaged in the practice of his specialty—diseases of the eye. He was a learned and popular physician, greatly loved and admired by a wide circle of friends, not only in Texas, but throughout the United States, who will regret to hear of his early death. He was a native of Tennessee and a graduate of the College of Physicians and Surgeons, Keokuk, Iowa, 1875. He leaves a wife, but no childern. Mrs. Tyner was a Memphis lady, well known in that city.

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MEATOX is not an extract of beef. It is not a predigested food. It is the fiber of lean beef, sterilized and dried. It is free from preservatives but keeps fresh indefinitely in unsealed containers. It is more easily digested than egg albumen. It is palatable. It can be administered either in its original granulated form or else mixed with soft boiled eggs, hominy, oat meal, soup, broth, or any kind of food which may agree best with the patient. One ounce of Meatox is equal to about five ounces of the best lean beef for its nutritive value.

TRAINING IN MEDICAL ORGANIZATION.—The students of the University of Pennsylvania Medical School have formed an organization, the purpose of which is to acquaint the undergraduates with the workings of the American Medical Association, after which it is very closely modeled. The various student societies take the place of the State organization and elect members to a house of delegates, which transacts all the business of the Association. An annual meeting is held at which papers are read by chosen members, thus encouraging original research and a scientific spirit. house of delegates, which transacts all the business of the associa- of the University of Pennsylvania, and already has over two hundred and fifty members.

Abstracts and Selections.

Differences of Opinion.

Differences of opinion are bound to exist in medical affairs. There are so many ways of going forward, and only one of standing still. If the medical profession were standing still, there would be absolute agreement, for there could be nothing else. Here is our good friend Abbott exploiting with all his energy his H. M. C., and the *Journal of the A. M.* is hitting him right and left concerning it. The *Journal* claims that it is not a discovery; that it is a nostrum, and inert. Added to this contumely, it keeps its columns closed to Dr. Abbott's protests, and when it occasionally permits him to answer its most violent attacks, it draws the points from his articles, and in a top-loftical manner asserts that certain parts of his article were not necessary to publish. It has a masterful, domineering, tyrannical manner of acting, something like the powerful rulers of the Old World, who do about as they please. It does not add to its reputation, or that of its conductor, for fairness. Perhaps it does not care for those things. Perhaps the ability to tyrannize is what it is after; perhaps its conductor would rather live in the memory of his contemporaries as being a tyrant, unfair and oligarchic, than to have any other sort of a reputation.

Some day the *Journal,* if the trustees of the future are wise, will have a different sort of a conductor to do the everyday work. He may not make more money for the A. M. A. than Dr. Simmons is

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capable of doing; but he will leave a sweeter name for himself, and those who have swords to cross with him will remember him with better feelings than they will ever remember Dr. Simmons. It may be that some individuals are engaged in the business of working the profession in an unprofessional, unethical manner. It may be that some preparations which are being advertised and offered the medical men of this country are worthy of severe criticism. But there is a high-handed method of treating manufacturers, who are believed by the rank and file of the profession to be engaged in making excellent preparations; and the feeling is that a coterie of persons, masquerading under some high-sounding name as a committee, are making fish of one set of manufacturers and fowl of others; and that all this is being done, more or less, under the manipulation of the men temporarily at the *A. M. A. Journal* helm.

Then there is the attack that Dr. McCormack makes, to the right and the left. He is taken to task by the National Association of Retail Druggists. Dr. McCormack has charged this organization with systematically opposing all efforts in Legislatures to secure the passage of pure food laws; with introducing decoy bills, and spending money, solely for the purpose of placing obstacles in the way of legislation beneficial for the public. It rather seems that the secretary of the N. A. R. D. has got Dr. McCormack in a corner, and he insists that if Dr. McCormack was accountable for his actions at the time he made his most objectionable statements, he was a knave or a fool.

It is a pity that discussions of such matters can not be conducted with calmer feelings. There is something unscientific in a method which calls names. And yet, however scientific one may be—however much one's life may be devoted to the art of discovery—there is a good deal of human nature left, and when one is unjustly charged with unworthy conduct, there is a strong disposition to strike back with the most forcible language at command. One would like to be able to believe that the criticisms made by the men who have temporary control of the A. M. A. were actuated by excellent motives, and that these men were paragons of wisdom. But, alas! this is not the general opinion. There is much that is strictly human in what these men do. They are true descendants of the old Adam. However much the system under which they are elected to their places may appear to be an ideal system, the cloven foot too frequently shows through; and if Dr. Simmons and Dr. McCormack are belabored strenuously from one end of the country to the other, let us not believe that they are martyrs, suffering for the good of a cause whose flag they uphold with a single eye to the welfare of the profession, and without a particle of regard for their own aggrandizement.—*Medical Sentinel.*

Uric Acid Diathesis.—Haig advises a vegetable diet with milk, and the avoidance of meats, especially young flesh and soups—also herrings, eggs, tea, coffee and cocoa. Moderate exercise is helpful. Iodide of mercury, followed by or alternated with salicylates, may be given for some time.—*Denver Med. Times.*

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Our Friends From "Kaintuck."

In common with all other journals, we received a communication from Dr. McCormack, Secretary of the Kentucky Medical Association, calling attention to a set of resolutions passed by said Association, and asking us to print the same, together with our position in the matter, whether we are willing to endorse these resolutions and co-operate with them in their efforts to suppress the nostrum evil. He expresses their intention to publish the replies in the *State Journal of Kentucky* in acknowledgment of this courtesy.

We must plead the always convenient editor's prerogative and decline to publish these resolutions, for lack of space, and will only say that they are practically those originally passed by the Council on Pharmacy and Chemistry of the American Medical Association.

As to our position in reference to the suppression of the nostrum evil, we cheerfully say, certainly we will help you. All we are waiting for is to know what a nostrum is, and what is not a nostrum. Just as soon as all the State societies unite on a definition of a nostrum, our editorial foot will come down on nostrums like a thousand blocks of Pennsylvania limestone.

True, the Council on Pharmacy and Chemistry has defined a nostrum, but then they don't count. They consist of a dozen or so druggists, are largely self-appointed, and in our opinion they assume (with the emphasis on the ass), entirely too much. Our hair may not have become gray in the editorial chair, but we have already worn out two cushions worth some two dollars each, and as we pay for the aforesaid we forbid them to season our broth. They say nothing in reference to the establishment of a "Home for Indigent Editors Who Assisted in the Suppression of Nostrums," and we are therefore reasonably slow in putting up our ante.

As to our refusing all advertisements except for such products as have been "Approved by the Council," etc., we must plead not guilty. We are over 21, and so are all of our subscribers; therefore, we shall continue to accept the advertisements of any legitimate pharmaceutical product, providing we feel certain that its manufacturer will pay the bill. The same applies to books and office equipment, but we always have and always will refuse to advertise whisky.

We advocate the right of any physician to prescribe what he thinks best for his patient. If any of our subscribers object to any of our advertisements, they need not renew their subscriptions at their expiration. We never fight about that. Everybody has the right to pay his money and take his choice. This is not in the Constitution, but it ought to be.

If a member of a medical association prefers a certain proprietary article, and believes that it is the best remedy for his patient, but will not prescribe it because it has not been endorsed by the Council of Druggists who decide these matters for the A. M. A.,

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he is untrue to his calling, unjust to his patient, and unsafe as a physician.

The physician who uses an extemporaneously prepared mixture intended as a substitute for a proprietary product that requires considerable time and special apparatus to manufacture, because it is cheaper and because it meets with the approval of his society, possesses attributes and exercises self-constituted rights that a true American citizen would not tolerate in his butcher.

Of course, we don't blame you, Mac. You know where the honors fly the thickest, also the source of the ducats. You've got your job, and we've got ours. While digestion and assimilation continue active we have our own row to hoe, and with your permission we'll select the hoe. When we come to the turn in the lane, we'll all turn right if we have done our duty. All of us have at least a little light, and it's all we have to go by. If it is not brilliant enough to attract the attention of the multitude, it at least serves each one of us individually. With that with which we have been directed thus far we must go on, let it lead us where it will. As to co-operating with you gentlemen in suppressing an intangible, undefined something, in some circles known as a "nostrum," there is nothing doing.—*Albright's Office Practitioner.*

International Congress on Tuberculosis.

The JOURNAL is requested to publish the following:

SAN ANTONIO, TEXAS, January 30, 1908.

Dr. ....., President.....County Medical Society.

DEAR DOCTOR: The International Congress on Tuberculosis meets in Washington next September. This great educational organization comes to this country for the first time on the invitation of the National Association for the Prevention of Tuberculosis, which is a great working sanitary institution. It is impossible to overestimate the importance of this world congress of philanthropic sanitarians. It marks an epoch in sanitation and must necessarily lead to such widespread interest in the prevention of tuberculosis that much good must result.

The President of the United States and the Governors of more than thirty States have become actively interested and boards of health and medical associations everywhere are giving enthusiastic encouragement. We have the hearty co-operation of our Governor and State Health Officer.

Texas with her intelligent citizenship and her special needs should not take a second place in this important movement, but should stand first in promoting every enterprise looking to the public health, especially concerning tuberculosis.

The National Association has appointed a Texas committee to make some organized efforts, and this committee has urgently re-

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quested the Board of Trustees of the State Medical Association to interest the county societies, the great pivot upon which so much depends. At a recent meeting of the board the chairman and secretary were authorized to present this matter to your society, and we would respectfully suggest:

First. That those who can, join the International Congress on Tuberculosis. The cost is $5, which will include the published transactions of the coming meeting in Washington. Dr. W. S. Carter, President of the Texas committee, or Dr. M. M. Smith, Secretary, will be pleased to receive applications.

Second. That you influence other public-spirited citizens to become members.

Third. That you enlist the interest of the city and county authorities, boards of health, school boards, women's clubs, etc.

Fourth. That, if practicable, you send an accredited delegate to the Congress, such delegate to be a member.

We leave the matter to the wisdom of your body, and enclose a postal card hoping to hear what action you have taken.

Yours very truly,
J. S. LANKFORD, M. D., President,
San Antonio, Texas.
W. R. THOMPSON, M. D., Secretary,
Fort Worth, Texas.
For the Board of Trustees, Texas State Medical Association.

DEPARTMENT OF PUBLIC HEALTH AND VITAL STATISTICS,
STATE OF TEXAS.

AUSTIN, TEXAS, February 8, 1908.

To the Physicians of Texas.

GENTLEMEN: The purpose of this letter is to call your attention to the law enacted by the Twenty-seventh Legislature requiring physicians to make reports of all births and deaths of which they are cognizant to the county clerk within thirty days after its occurrence, under a *penalty* for failure to do so of *five dollars for each birth and of not less than five or more than fifty dollars for each death.* It is not my purpose to antagonize the members of the profession, but your duty in this matter is very clear, and if you do not realize it it will be necessary for me to place the matter in the hands of the county attorney. "A hint to the wise is sufficient."

I have had blank certificates of births and deaths printed at the State's expense and they are now in the hands of the county clerks, and can be obtained by the physicians without cost. They are there for your use and there is absolutely no excuse for non-compliance with this law. There has been a steady increase in the number of physicians that are reporting, but partial reports are far from satisfactory, and I intend to see that the recalcitrant brother is prosecuted for non-compliance with the law.

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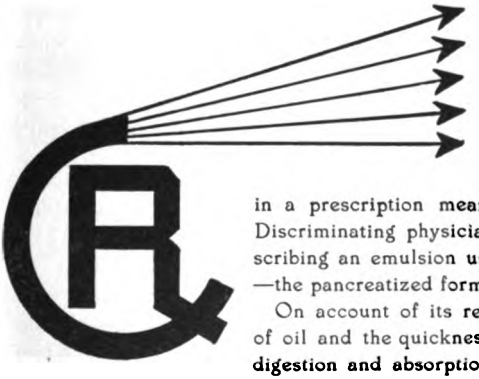

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On account of its remarkably high percentage of oil and the quickness and thoroughness of its digestion and absorption, larger quantities of oil can be assimilated within a given time in the form of Hydroleine than in any other way. Hence, results follow promptly. Write for sample and literature. Sold by all druggists.

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Trusting that you will realize your duty in this matter without the intervention of the law, I remain,

Yours sincerely and fraternally,

WM. BRUMBY,
State Health Officer.

THE undersigned desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery such information will be much appreciated and duly acknowledged.

Any well authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures, X-Ray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of person who can give knowledge first hand.

Address,

HORACE PACKARD,
470 Commonwealth Avenue,
Boston, Mass.

Books and Magazines.

A TEXT-BOOK OF MINOR SURGERY. By Edward Milton Foote, A. M., M. D., Instructor in Surgery, College of Physicians and Surgeons, Columbia University; Lecturer on Surgery, N. Y. Polyclinic Medical Schools; Visiting Surgeon, New York City Hospital; Visiting Surgeon, St. Joseph's Hospital; Consulting Surgeon, Randall's Island Hospital and Schools; formerly Chief in Surgery at the Vanderbilt Clinic. Illustrated by four hundred and seven engravings, from original drawings and photographs. D. Appleton & Co., New York and London, 1908. Cloth. 713 pages. $5.50, net.

"This book is dedicated to the man at the point of the knife for his grit and patience, and especially for his willingness to be photographed, that others may profit by his misfortune," says the author. Rather a unique dedication. It goes without saying that it is written for the instruction and benefit of the man who essays to hold the other end of the knife. It is altogether a unique book; a radical and very sensible and commendable departure from the stereotyped "Manual of Minor Surgery." Works on minor surgery are usually unsatisfactory compilations or summaries of something that has previously been compiled from something else, and are about as interesting and instructive as a last year's almanac. But this is not a "manual." It is elevated to the dignity of a text-book, and the importance of the subject demands it. There

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accomplishes results in relieving and controlling respiratory diseases that are seldom observed with any other remedy. It imparts tone to weakened tissues, promotes nutrition and increases vital resistance.

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The anemia which follows the hemorrhages of trauma, gastric or intestinal ulcers, severe epistaxis, childbirth, profuse menstruation or hemorrhoids presents a clinical picture that is so well known that it requires no description.

Examination of the blood immediately after a severe hemorrhage usually shows no apparent change in its number of corpuscles, for the portion lost withdrew the blood as a whole, and the portion remaining in the body, while decreased in volume, will be found to contain a normal ratio of the fluid and cells. Shortly after a

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hemorrhage, however, the tissues of the body give up large quantities of fluid to restore the necessary volume of the blood and a condition of true hydremia ensues. Examination of the blood three or four hours after a severe hemorrhage, therefore, shows a very marked oligocythemia. Reconstruction must now take place and the response to the bodily demand is sometimes remarkably prompt, but in most instances it is a hard up-hill fight. This is to be expected, for the disproportion between the cells and the fluid elements of the blood, and the essential depression of all vital functions, makes recuperation a difficult process at best.

Much can be done, however, to assist the body in its efforts to restore normal conditions. The first and most essential requirement is absolute rest in a prone position. In some instances, it may be necessary for a few days to have the couch or bed tilted so that the patient's head shall be lower than the feet. Sudden movement or a sudden rising to an upright posture must be strictly interdicted as these are always liable to produce a fatal syncope. Following severe hemorrhage, the blood pressure is always lowered, and even if a certain degree of tension is apparently restored, it is very unstable, and may be lost instantly with all of the resulting dangers on the heart and central nervous system.

Another precaution to be taken is to frequently change the patient's posture from one side to the other. The hydremic state of the blood, and the loss of blood tension predisposes to gravitation edema in the lungs and other organs, and the simple procedure of changing the patient's position often avoids annoying and serious complications.

Considerable quantities of water are always necessary after hemorrhage, but it should never be given in large amounts at any one time. Two or three tablespoonfuls at a time by the mouth every few minutes is much more beneficial than to allow a patient to drink to satiation. Excessive thirst is always soon controlled by small enemas (one pint) of saline solution, as warm as can be borne, repeated every three or four hours. These also serve admirably to very materially raise arterial tension. It is no uncommon thing to observe complete anuria for even twenty-four hours after severe hemorrhages, but the warm saline enemas soon correct this condition.

Feeding is one of the most important details in post-hemorrhagic treatment. Liquid food should be used in preference to solids for obvious reasons, and may consist of milk, beef extracts, white of eggs, etc. Small quantities should be given at short intervals, as it must be remembered that the digestive function is always more or less depressed and can only do a portion of its usual work. A good reliable hematic is early necessary, one that can materially hasten hematosis without endangering the digestive and assimilative functions in any way, shape, or fashion. Pepto-Mangan (Gude) is one of the most dependable remedies of this class and its hematopoietic properties are well known. Under its use the cellular elements of the blood are rapidly increased, and the whole physical condition is greatly improved. The various

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Erysipelas—Pneumonia.

W. E. SROFE, M. D., MARTINSVILLE, OHIO.

June 5, 1905, I was called to attend Mr. K. I found him suffering with a very aggravated case of facial erysipelas. I applied my usual treatment of carbolized salve locally, and gave the proper internal treatment, but when I saw the case again in twenty-four hours I found symptoms no better. I thought I would try Antiphlogistine. After applying the salve to face, I spread Antiphlogistine on a cloth, making a mask that would cover the entire face, directing nurse to change when it dried out.

Next day I found patient much improved. He said "that clay relieved all the burning five minutes after you applied it." I now make it a rule to use Antiphlogistine in treating erysipelas, and I am sure my patients get along faster than they did when treated without it.

I also use Antiphologistine in pneumonia, and all cases of inflammation of the lung or pleura. Indeed, I would hate to have to treat this kind of cases without Antiphlogistine. I will report on one case of an infant where I believe this remedy saved the patient's life:

January 3, 1906; infant, age 18 months. Two days after initial fever, temperature 104°, respiration 48, pulse 120; tongue coated; could hardly get breath, expiratory moans, crepitent rales.

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Gave internal treatment, and covered both back and front of chest with Antiphlogistine. In twenty-four hours the breathing was much better and temperature lower. On my third visit I found all the symptoms so improved that I dismissed the case.

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A more thorough knowledge of the formula, methods employed, and all other matter pertaining to the successful treatment of drug addictions can be gained by writing the Combs Chemical Co., St. Louis, Mo., for free sample vial, also literature and clinical reports. See advertisement elsewhere in this JOURNAL.

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As to the selling price of the preparation we will take as an example a 6 grain case of morphine addiction. A course of Hyos-Sco-Phine Tablets for a 6 grain case is sold at $5. This course of treatment covers a period of forty days, a period sufficient to make the withdrawal of the morphine very gradual, while the treatment, which is a tonic in its nature, carries on a building up process rendering recovery comparatively easy in the majority of cases. Morphine sufficient to support a 6-grain case for forty days at retail

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price would cost nearly $4, consequently, as can be readily seen, the manufacturers are selling Hyos-Sco-Phine Tablets to the medical profession at a figure which in the long run does not amount to much more than the patient's morphine bill, and by relieving the patient, the cost of morphine is entirely eliminated.

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Respiratory Tract—Affections, Symptoms and Treatment.

BY DR. ARTHUR B. SMITH, SPRINGFIELD, OHIO.

The average physician is frequently vexed in finding a condition which resists his best efforts to bring about a cure. This holds good in almost every disease at some time or other, but particularly in affections of the respiratory tract, where there may be a great variety of symptoms in several cases of the same disease.

Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consistently good in the majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but, nevertheless, there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but when it is once found, it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for affections of the air passages. Some of these formulas are of undoubted benefit in some cases, but usually it will be found that the results are far from satisfactory. Many of them can not be taken when there is any gastric complication, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason.

In phthisical patients the well known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions,

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while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants, called Glyco-Heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good.

CASE 1.—S. B., aged 16. Caught a severe cold while traveling. This developed into an unusually severe attack of bronchitis with mucous rales, pain cough and some slight fever. Prescribed Glyco-Heroin (Smith) one teaspoonful every two hours, decreased to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except Glyco-Heroin (Smith) was given and the results from its use were excellent.

CASE 2.—W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclining posture. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedy relief and a cure was effected in a few days.

CASE 3.—B. E., aged 26. Severe bronchitis accompanying an attack of influenza. Various remedies were tried in this case, with negative results, until Glyco-Heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

CASE 4.—R. L., aged 6. Capillary bronchitis with pains over chest, cough and difficult expectoration. Glyco-Heroin (Smith) administered 15 drops every three hours. After taking a few doses the condition was much improved, and a speedy return to perfect health followed.

CASE 5.—W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucus was present, requiring great expulsive effect to loosen it. There was little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in 10-drop doses every two hours with good results. This was combined with hygienic treatment, the patient being given as much of fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to raise, and convalescence uneventful. The case was discharged cured and there were no unpleasant sequela, the patient at present being in perfect healtth.

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The publisher is not responsible for the views of contributors.

The Cause and Prevention of Rape.*

BY F. E. DANIEL, M. D., AUSTIN, TEXAS.

Ex-President State Medical Association of Texas; Ex-President International Congress on Tuberculosis, 1905-6; Editor Texas Medical Journal, Etc.

SADISM IN THE NEGRO.

That attribute of our nature we call "love," and which, with civilized people, is the tie that binds the family and society, is the highest, noblest and most beautiful that actuates man. It is the mainspring of human ambition and endeavor. Upon it are founded marriage, home, the family and social order. It prompts to the acquisition of fame and fortune, the founding of the home, and the rearing of a family, the upbuilding of society and civilization. Its physical and psychic basis is that instinct which God has implanted in every animal creature, from the moneron to man, to insure a perpetuation of the species. Around this powerful and compelling impulse sentiment has woven the most beautiful and exalting emotions of the heart—sympathy, friendship, affection, pity, mercy and charity. It has been the theme of the poet in all ages. Stripped of these sentiments it stands revealed in the hideous form of lust,—animal desire, brute passion, as primitive man and his progenitors knew it,—like a rugged rock, around which, to conceal its monstrous form, nature has woven the tendrils and foliage and flowers of a beautiful clinging creeper. Divested of these refined and refining features, and unrestrained by the many inhibitions which society, law, religion and ethics have placed upon it, it is

*Read before Section on Jurisprudence, at the Thirty-sixth Annual Meeting, State Medical Association, Austin, Texas, April 27, 1904.

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a power for evil,—an unchained demon, a cyclone, an irresistible force, which, in the history of the world and the evolution of man, has wrought untold woe and misery. I quote from that rare and curious book, Burton's *Anatomy of Melancholy* (1652). The author treats of this fundamental instinct as "Heroic Love," and says (p. 448):

"Love indeed, first united provinces, built cities, and by a perpetual generation, makes and preserves mankind, propagates the church; but if it rage, it is no more love, but burning lust, a disease, frenzy, madness, hell; * * * a vehement perturbation of the mind, a monster of nature. * * * It subverts kingdoms, overthrows cities, towns, families; mars, corrupts and makes a massacre of men. Thunder and lightning, wars, fires, plagues, have not done that mischief to mankind, as this burning lust, this brutish passion. Let Sodom and Gomorrah, Rome, Troy and Corinth, and I know not how many cities, bear record, * * * and all succeeding ages will subscribe; * * * all histories are full of these basilisks. Besides those daily murders, effusion of blood, rapes, riots and immoderate expense to satisfy their lusts, bigamy, shame, loss, torture, punishment, disgrace, loathsome disease that proceeds from thence worse than pestilent fevers, torments the body, and that feral melancholy which crucifies the soul in this life and damns to everlasting torments in the world to come. Notwithstanding they know these and many such miseries, threats, tortures, will come upon them, * * * yet out of * * * a depraved nature, or love's tyranny, which so furiously rageth * * * they go down headlong to their own perdition; * * * they will commit folly with beasts, men, 'leaving the natural use of women,' as Paul sayeth (Romans 1:27), 'burned in lust one toward another, and man with man wrought filthiness.' * * * Solomon's wisdom was extinguished in this fire of lust. Samson's strength enervated, piety in Lot's daughters quite forgotten, gravity of priesthood in Eli's sons, reverend old age in the elders that would violate Susanna, filial duty in Absolom to his stepmother, brotherly love in Ammon toward his sister. Human,—divine laws,—precepts, exhortations, fear of God and man,—fair, foul means,—fame, fortune, shame, disgrace, honor, can not oppose, stave off or withstand the fury of it."

This instinct, being fundamental in man, as in all animals, and the most powerful, is, as would naturally be expected, subject to many and extreme aberrations; and these, being the expression of a disordered psychic state, have led, in all ages, to the gratification of

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the desire by the most unnatural and revolting methods and practices.

It is only within recent years that these aberrations have been studied from a scientific standpoint, and their forensic importance, and the psychic relations they bear to other instincts and emotions pointed out, and a rational therapeusis suggested. It would be out of place here, and it is unnecessary to enter into an analysis of them. Havelock-Ellis, Schrenck-Notzing, Kraft-Ebing, Moll, Kiernan and others have done that, and in their studies have revealed that they are psychopathologic, and come, often, properly within the domain of insanity. The revelations in these classical works will stagger the credulity of any but a student of sex psychology and psychopathology; much of it is so revolting that the authors feel obliged, in order to partly palliate the weakness and baseness of man, and not disgust the uninformed or chance reader, to veil many details in terms of the learned languages.

That there is a psychic relation, for instance, between lust and murder, between lust and cruelty, between lust and the religious emotion, between lust and music and art, is a fact, startling within itself. Further, that these emotions are in certain psychopathic organisms, inter-convertible, like the various forms of energy in the domain of physics, or co-existent in the same individual, and one may stand for the equivalent of the other; that the libido may find satisfaction, vicariously, at least to some extent, in the expression, gratification and vent of the associated emotion or impulse, is well established. It is more than a coincidence that most religious conversions occur about the time of puberty in both sexes, when the sex nature is developing and is strong, and repression necessary and enforced. We have to accept this psychic relation as a fact, without attempting an explanation of it. For that see the works mentioned; also Spencer (*Principles of Sociology*), Sanger (*History of Prostitution*), Ferri (*Criminal Anthropology*), etc. No fact is better established than that the infliction of pain—especially spanking, or flagellation on the nates, is a powerful excitant to sexual desire, a fact that is not known, but which should be known to teachers and parents who inflict corporal punishment on children. It is demonstrably true that in some boys the first excitation of the sexual impulse is caused by spanking, even in very young children, —and they are thus incited to masturbation (Kraft-Ebing). The psychological relation of pain to sexual desire, and to the religious emotion, is illustrated in the practices of a religious sect in Southern Europe, known as the Flagellantes. It is a religious ceremony still practiced in France and other parts of Europe, for the devotees

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to pass in procession through the streets, stripped to the waist, each one armed with a whip with which he lashes the bare back of the one preceding him or her. Sanger says these emotional outbursts lead to great sexual excitement, and terminate in the indulgence of sexual excesses. Not only does the infliction of pain by the lash provoke the sexual impulse in the sufferer, but in some individuals it also powerfully arouses the libido in him or her who inflicts it, or even witnesses it. It increases the desire and intensifies the pleasure at the crisis; and it is for this abominable reason, Ellis says, that certain teachers (psychopathic), flog boys on their bare nates; and both Ellis, Kraft-Ebing and Spencer tell us of an infamous "Judge Jeffries," an English magistrate, who habitually had women prisoners stripped and whipped, because it gave him sexual pleasure. In some of these unfortunate perverts, the sight of blood alone, will both excite and satisfy the sexual desire; and in others is indispensable to satisfactory coitus.

It would seem that depravity and perverted sexual instinct could go no further; but Ellis, Kiernan and others point out a psychological relation between the libido and hunger, which, in extreme cases, leads to anthropophagy. That "Jack, the Ripper," was of this class is now generally believed, as well, perhaps, as was that mysterious murderer of young negro girls in Austin some years ago, inasmuch as in their victims no evidence of rape was found; but in the former case certain parts of the sexual system of the women were missing. Of this class, also, doubtless are those unfortunates who can have sexual pleasure only when they perform on their partners the function attributed to the vampire. Sanger gives us an account of a courtesan, famous (or infamous) in history, who became the type of this class of perverts. He says: "The most famous of all the *auletrides* (prostitutes; the flute players of ancient Athens), was Lamia, who, after being the delight of Alexandria and of King Ptolemy for some fifteen or twenty years, was taken, with the city, by Demetrius of Macedon, and raised to the rank of his mistress. She was forty years of age at this time, yet her skill was such that she ruled despotically her dissolute lover, and left a memorable name in Greek history. The ancients asserted that she owed her name Lamia, which means a sort of vampire or blood-sucker, to the most loathsome depravities." (See also Plutarch's Life of Demetrius.)

Tiberius and Nero, the two most infamous of all the infamous Cæsars, are striking historical types of the lust murderer. They ravished and killed scores of very young girls, preserving the heads

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of the most beautiful, as we are informed by Sanger and other authors.

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This horrible form of sexual perversion is known as "sadism." Dunglison and Gould define it to be, "sexual perversion which leads to rape, with circumstances of great violence and inhuman cruelty." A certain Marquis de Sade, who lived at the time of the French Revolution, was a modern type of the love and pain pervert. He devoted his time and prostituted his remarkable talents to writing the most revolting books, descriptive of his experiences in the gratification of his depraved sexual propensities by the most horrible and unnatural methods, descriptions doubtless colored somewhat by his imagination, as he wrote much of it while in prison. Science has bestowed his name upon that distressing form of sexual perversion. His case furnishes an illustration, too, of the fact, almost paradoxical, that such perversions are not confined to the naturally brutal, the coarse and vulgar, but may be conjoined to a highly intellectual and ethical nature, for excepting sexual morals, his was both. He did much charity, and saved friends from the guillotine. It is to the credit of Napoleon that he caused all these and similar libidinous books to be burned. A popular knowledge of this and other forms of perverted sexuality and abominable practices long antedated Sade, however. Many instances of sadism are to be found throughout human history—from the earliest recorded times. Moses legislated against certain sexual crimes prevalent in his day and known even to our jurisprudence. (See the 18th chapter of Leviticus.)

Ellis says the key to the psychic relation of love to pain and the monstrous acts of certain depraved men, is found in animal courtship, meaning the combats between males for the possession of the female, in which a display of force and, doubtless, the sight of the blood of the vanquished, is pleasing to the female, and stimulates in her a reciprocal desire. Ascending in the scale of animal evolution we come to the tribal state of primitive man, and find that with certain barbarous tribes it became a vital necessity, from the scarcity and difficulty of obtaining food, and the necessity of swift migration, often, to escape hostile tribes, to sacrifice all girl babies and feeble adults to tribal safety. Out of this grew a scarcity of women and the necessity of capturing wives from other tribes (Exogenous Marriages—Spencer, *Principles of Sociology*, p. 622). In time it became a distinction to have a captured wife. It was a token of prowess, skill and bravery. A survival of the custom is found today in the practices amongst certain low forms of man;

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e. g., Spencer says: "A young Dyak must prove his bravery by bringing back the head of an enemy before he is premitted to marry. When the Apache warriors return unsuccessful, the women turn away from them with indifference and contempt. They are upbraided as cowards or for want of skill and courage, and are told that such men should not have wives." * * * "In a tribe containing many warriors who had wives taken from enemies, and who were regarded as more honorably married than the rest, there would result an ambition, if not to capture a wife, still to seem to capture a wife"; hence arose the mock capture of wives,—captured not from warriors of other tribes, but against the will of the woman and that of her parents in the same tribe. This form of capture is still practiced by barbarous people in Africa, in Australia, among the Sinai Arabs, the Fuegians, and other uncivilized countries. Hence it is an easy gradation to the purchase of a wife from her parents, generally prevalent amongst savage and semi-civilized people—and to that semblance of capture—a play of mock capture prevalent today among many people as a part of the marriage ceremony. We see the shadow of reflection of it even among civilized people, in the game of "tag" between girls and boys, in which the boy must chase the girl, and when caught, kiss her. By the bye, it is said by authorities cited, that the kiss is the survival of the love bite, still practiced amongst certain races, notably the Esquimaux.

It is interesting and instructive to trace a custom back to its origin, as Spencer, Ellis, McLennan, Sir John Lubbock and others have done, in regard to the custom of mock capture of the bride as part of the marriage ceremony by many savages. It is not generally known, and I have the authority of Clifford Howard in his book, "Sex Worship," for saying, that the emblems of the worship of Phallus and Priapus survive today in the Gothic architecture of our churches, the spire, the windows and doors—the sanctum sanctorum or innermost holy, being significant of that religion which worshipped the generative organs as the source and origin of all life. The plumes on the hearse today, Spencer suggests, is an echo of the custom originating in feudal times, of carrying the knight's plumed helmet,—his arms and trappings,—on his favorite steed, at the head of his funeral procession.

Sadism is a survival of marriage by capture—as practiced by primitive man and his brute progenitors. Or, rather, it is atavistic. This view is held by Kiernan (*Psychological Aspect of the Sexual Appetite. Alienist and Neurologist,* April, 1891), citing whom, Kraft-Ebing says:

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"Kiernan, who has several authorities in Anglo-American literature, starts from the assumption of several naturalists (Dollinger, Drysdale, et al.) which conceive, the so-called conjunction—a sexual act, in certain low forms of animal life, to be cannibalism, a devouring of the partner in the act. He brings into immediate connection with this the well-known fact that at the time of sexual union crabs tear limbs from their bodies, and spiders bite off the heads of the males, and other sadistic acts performed by rutting animals with their consorts.* From this he passes to lust murder and other lustful acts of cruelty in man, and assumes that hunger and the sexual appetite are, in their origin, identical; that the sexual cannibalism of lower forms of animal life has an influence on the higher forms and in man, and that sadism is an example of avatism."

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The American negro is only a few generations removed from savagery. Naturally the brute instinct is strong in him, and unrestrained by influences which keep it in abeyance in civilized countries, measurably, at least, it will express itself in those acts of which we have been speaking. In recent years it seems, as Burton has said of ancient times, that, even the fear of the fagot, to say nothing of other forms of capital punishment, is powerless to prevent those horrible lust murders of children by negroes. The cause, in my judgment, is sadism, a reversion to the type of a not remote ancestry. There are contributory causes to be presently mentioned. As a slave, the negro was in ignorance and complete subjection. The law recognized no rights on the part of a slave. The law and the lash kept him in subjection, while on plantations every facility for the gratification of his lust was afforded with women of his kind, for breeding slaves was a profitable business. Marriage amongst them was encouraged. There was no perversion of the sexual sense. The males did not desire the white women, nor dream of ravishing the white children. The whites to whom he belonged were immeasurably above and beyond him, and he no more dreamt of social equality with them than with the angels. Freed from these restraints, only partly educated, lazy, often idle and dissipated, frequenting low drinking dives and vile haunts of vice, corrupt and bad, allowed to associate with dissolute white

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*The female of that familiar winged insect, the "Devil's Horse" (*Hymenoptera; mantis religiosa*), devours the male after the conjunction, and the queen bee flies away with the drone she has selected to fertilize her for the next generation of workers (*le vol nuptial*). After fecundation she rips open the abdomen of the male and serenely scatters his intestines to the wind.

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women,—some of them dream of social rights and equality. He has been told by fanatics that he is as good as the white rebels to whom his parents belonged, and their descendants; race hatred is engendered, and despite torture and certain death staring him in the face, the rape fiend, the negro sadist, wreaks his vengeance and spite on some innocent child and gratifies, in that unnatural manner, his abominable lust. In how far the example set by the Chief Executive of the United States in socially recognizing the negro may have encouraged the rape fiend, and thus been a factor in the increase of the crime, it is hard to say; but it is not unreasonable to say that, doubtless it has given an impetus to both hatred of the whites and desire for revenge, the more so, perhaps, because the illustrious exemplar of negro equality is himself a grandson of a distinguished slave owning aristocrat of the Old South.

So much then for the cause of rape by negroes.

We of the South are confronted with this horrible problem: There have been forcibly turned loose upon us some millions of blacks, who, however, for the most part, are orderly, industrious and well-behaved, and who are entitled to the respect and encouragement of all right-thinking people. There are amongst them, however, individuals in whom there exists that form of sexual perversion we have been describing, and other forms that lead to sexual crimes besides rape. I have endeavored to assign a cause for it; now, is there a remedy? The title of my paper is, "The Cause and Prevention of Rape." I do not say that there is a remedy, or that it can be prevented or cured; but I do say that hanging and burning at the stake have signally failed to check the evil. Indeed, I venture the belief that by "suggestion," it has rather tended to increase it. Haslam, an English authority, says, that of 167 persons executed in England, all but one had witnessed an execution. The horrible execution by fire of the negro lust murderer, Henry Smith, at Paris, Texas, must have been known to every black in Texas, yet within a week there occurred other assaults by negroes on white girls only a little less revolting. Right here in Austin, shortly after the occurrence mentioned, a negro was hanged in the jail yard for rape of a 13-year-old white girl at Webberville. The physician who attended her testified to the horrible mutilation of the child. She survived, however, and under our laws, had to appear in court and exhibit her shame, humiliation and suffering. This is as disgraceful as it is absurd, and in itself constitutes some justification of lynching. The negroes were allowed to hold so-called religious services on the scaffold. The preacher told the assembled blacks and scattering whites that "Brother" Nichols (the

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culprit) had found forgiveness; that his soul had been washed white in the blood of the Lamb, and that he was going from this vale of tears, where the white man never ceases from troubling and the good darkey can not rest, straight to the bosom of God! The black cap was adjusted and he was launched into eternity to the tune of "Nearer, My God, to Thee," sung by a hundred black throats. This is no fancy sketch, but an actual occurrence right here at the Capital of a great State, the seat of the University, and the home of scores of Christian churches. Imagine the effect of such a scene and teaching upon the ignorant and superstitious negro. What does it "suggest"? Go thou and do likewise and go to glory! It is a premium on rape, a golden harp in the realms of the blest. Is such calculated to lessen the prevalence of this horrible crime?

Nor are the proposed remedies likely to be more effectual. I mean that proposed by John Temple Graves, colonizing the negro, separating the races. It is utterly impracticable and undesirable. The great majority of the negroes are inoffensive and are useful,—indispensable in the South as laborers. Justice Brewer's proposed remedy for rape and its consequences (lynching) is almost puerile. He proposes that in rape trials there shall be no appeal; but a swift execution, to satisfy the outraged people. Why have a trial? A judicial investigation is for the purpose of ascertaining if the accused is guilty, and, if guilty, to fix the penalty. In every case where there is the least doubt, either of the identity of the accused or of the crime, there should be an investigation, but where there is no doubt as to either, why subject the victim—most frequently a tender young girl—to the shame, mortification and suffering incidental thereto, and the State to the expense? It is a farce in those cases where the evidence is conclusive, *prima facie*; the death of the fiend has already been determined upon. Indeed, the lust murderer is outside the pale of the law. He has no rights that should be respected. He is a monster, a unit dangerous to society, and should be eliminated. The question of "responsibility," —granting that sadism is a form of insanity—cuts no figure. He should be killed—with as little ceremony as a community would put to death any other deadly animal—say a man-eating tiger, for instance, loose in their midst, or a rattlesnake. There should be no vengeance, no torturing, of course; no one would think of torturing a bull, or dog, or tiger, or snake; he should simply be killed, and the outraged community, for its own protection, should do it, without the farce of a trial, in cases in which there is no doubt of the crime and the identity of the criminal. In less horrible cases of sexual crimes—such as are recognized by jurisprudence and are

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evidence of sexual perversion, *exempli gratia,* sodomy, buggery, pederasty,—upon conviction before a court, the offender should be rendered forever incapable of a repetition of the act, and of reproducing his kind, in whom the taint would most probably survive. This should be done by a surgeon, upon order of the court, and there should be a law upon our statute books authorizing it. I do not mean simply the removal of the glands, for while that destroys the power of procreation, it in no degree lessens the libido or the power of erection and penetration. See Havelock Ellis on this subject. It would carry this paper beyond the limits of time at my disposal to enter upon a discussion of this phase of my subject. The remedy should consist of the ablation of the entire genital apparatus, for, as stated, castration does not remove the impulse nor the power, and Ellis says that "certain Roman ladies greatly affect this style of eunuch for obvious reasons; *vult futui Gallia, non parere.*

Our esteemed fellow citizen, Judge A. W. Terrell, ex-minister to Turkey, says that when the Arab slave dealers are returning from Africa with slaves they have bought or stolen or captured,—for the Constantinople market, they camp by a river where there is a sand-bar. Holes are dug in the wet sand into which the males are buried up to the chin, after having the entire external genitalia removed with one sweep of a sharp knife. Wet sand is then packed down firmly around the wretch, and if he does not bleed to death, as they frequently do, when he is taken out (in about a week) he is a true eunuch worth $500.

Seeing that prevalent methods of dealing with rapists are unavailing; that proposed remedies are impracticable or likely to be useless, I really think it would be "worth while" to try asexualization in all cases of attempted rape where there has been no penetration, and in all established cases of sexual perversion which has been expressed in unnatural acts of gratification. For the successful rapist,—white or black,—and for the rape-murderer, death, swift and without pity or remorse. The preservation of self and the protection of home are man's highest instincts and first duty.

I really believe that this measure will do more to check the evil of criminal assault than anything else. A negro values the "witnesses of manhood" more than life, and would give up life with less reluctance. The fear of the loss of those possessions would have more terror and more restraining influence on his acquaintances, and on the evil disposed—and the moral effect would be greater than that of shooting, hanging, or death at the stake. It is the only rational remedy. It is based on science, and will be at once punitive, curative and preventive,—perhaps.

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For the Texas Medical Journal.

Cold as a Therapeutic and Prophylactic Agent.*

BY R. D. ROBINSON, M. D., TORREON, COAH., MEXICO.

Cold, or the rapid extraction of heat by any form of refrigeration, is a remedy that can be relied upon in properly selected cases. The application of cold locally has two objects. First, to cause the contraction of local blood-vessels which, through the process of inflammation, have become so congested that the parts have become swollen and painful; second, to temporarily anesthetize nerve fibres for the immediate relief of pain. Pain and irritation bring more blood supply; more blood supply, more irritation and pain. Now, if cold will anesthetize the nerve fibers, there will be less pain and less irritation; less irritation, less blood supply; less blood supply, less irritation, etc.—purely a matter of mechanics and physics.

Thus, cold is a remedy for burns, bruises and sprains, or any injury which may be followed by inflammatory process. In some cases cold is not well tolerated when heat should be substituted. Such intolerance of cold is most likely to be found in neurasthenics.

From Bartholow's text-book I quote the following paragraph: "When a hand or foot is immersed in cold water, the temperature of the other extremity also falls. Cold abstracts the heat of the body, at least of its superficial surface, and affects the condition of the internal organs through the nervous system. It is through an influence transmitted from the peripheral distribution of the nerves of the hand to the center and thence reflected to corresponding anatomical nervous connections on the other side, that the of temperature is due when the other hand is immersed in cold water. We have a right to assume, therefore, that when cold water is applied to the whole surface of the body, changes of temperature take place within."

On entering a cold bath a sense of chilliness is experienced; the lips become blue, the pulse is quickened, the breath is gasping and the temperature of the surface is lowered by driving the blood supply from the surface into the great trunks. If the temperature of the bath is not too low reaction quickly takes place, the coldness and depression are succeeded by warmth and exhilaration, the pulse

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quickens and respiration becomes easy and unembarrassed, and general bodily vigor is increased which, in health, may be felt during the entire day. However, should the bath be continued too long, there is a corresponding depression. Coldness, weakened pulse and muscular weakness, followed by a sense of fatigue. "This is due to the prolonged extraction of heat and the accumulation of blood in the great trunks, thus interfering with metamorphosis of tissue." If these baths are properly given they act as a tonic; the circulation is invigorated, there is more rapid tissue change, the appetite is increased, the digestive organs are stimulated, the body will gain in weight, and the patient is less sensitive to temperature and climatic changes.

Any influence which will soothe and quiet the nervous symptoms of a fever patient and reduce temperature without reducing vitality, is greatly to be desired. The search for such a medium has occupied the minds of our greatest therapists for hundreds of years. It has been one of the principal questions which has occupied the best talent of our great manufacturing concerns, and has brought forward hundreds of preparations with all sorts of exaggerated claims.

No one even approached the solution of the problem until the busy doctor, by reason of necessity, and in the face of tremendous prejudice, began to study the value of hydrotherapy and the application of cold as a remedy.

These observations were exchanged in the sick room, in the medical societies and in the medical press, until now the entire medical profession of the world is giving much valuable time to its study. It is the only means by which temperature may be reduced, the nervous system soothed and quieted and by the same process stimulate the vital forces.

Modern medicine has profited more from this source than any other, unless serum therapy could claim first place. This, however, I am not yet willing to admit, as the use of serum thus far is quite limited, while that of cold has the widest possible range. (This statement does not include the application of asepsis and antisepsis in surgery.)

It is commonly stated by most authorities that heat and cold are equal in their physiological effects and that the choice of the patient may be relied upon as to which should be used. This is entirely wrong. I ask the pardon of this association for thus disputing the entire body of our eminent authorities, but cold is entirely superior and should always have the preference, except

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in a few selected cases, such as supersensitive patients or where pus formation is suspected. Cold contracts muscular fiber and hardens tissue and might thus force pus to seek an outlet in the wrong direction, and for its power to contract muscular fiber, might increase pain.

Cold may be applied in many ways. The cold wet pack may be made by wringing a couple of sheets out in ice water and wrapping the entire body in it, then cover closely with several blankets.

The time in the bath may be from fifteen minutes to an hour, depending on the object in view. If stimulation or invigoration or lowering of temperature is desired, fifteen to twenty minutes is sufficient. For lowering temperature, the bath may be repeated every hour to every four hours as the urgency of the case may require. If diaphorisis is desired it will require an hour. Diaphorisis may be aided by taking a glass of ice water during the bath.

A cold compress for local applications may be made with an ice bag, ice water cap, or towels wrung out in ice water and applied over the affected part.

In cases such as pneumonia the entire thorax should be wrapped in large thick compresses. These compresses should be wrung out in ice water at least every hour. Some suggest every five minutes, but this is entirely too often, as such frequent changing molests the patient beyond tolerance. I have found it better to change about every hour and keep one or two ice bags bound over the affected parts. In peritonitis, acute appendicitis, ilio-colitis, typhoid or any acute intestinal congestion or inflammation, ice bags may be bound over the affected part. The same is true of cystitis, metritis, nephritis, hepatitis, meningitis or any acute inflammation or congestion of any part. It is best not to apply an ice bag, not having a cloth covering, next the skin.

Tub baths, shower baths and sponging are means of applying cold to the entire body. Another effective means of rapid refrigeration is sponging the body with alcohol, following with vigorous fanning. This is especially valuable in supersensitive patients.

In tonsilitis, diphtheria and croup an ice compress at the throat and pieces of ice held in the mouth are palliating and extremely serviceable. Spasmodic croup is usually quickly and safely relieved by cold compress at the throat, while cold sponging will almost certainly ward off an oncoming attack.

The use of cold baths, douches, compresses, packs, etc., in the treatment of fevers is too well known to be taken up at this time. I wish to insist, however, that the use of cold and cold water in fevers is of the most vital importance; indeed, it is our most val-

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uable asset. As previously stated, this is the only remedy that will reduce temperature and at the same time stimulate vital forces.

In acute conjunctivitis, mastoiditis or any acute inflammatory action of the eye, ear, nose or throat, the cold compress is the remedy "par excellence."

In hyperpyrexia the cold bath is our only safe recourse. Before the use of cold was well understood, a temperature of 108 degrees F. was considered fatal. Now, in acute rheumatism, delirium tremens, malaria and thermal fever, a temperature of 112 degrees F. has been controlled and brought safely down by the prompt use of the cold bath.

Fevers such as typhoid, malaria, scarlatina, measles, smallpox, and cerebro-spinal meningitis are advantageously treated with the cold wet pack; especially when temperature is high with delirium, stupor and scanty urine.

Inflammatory affections of the meninges, meningeal hemorrhage, cerebral hemorrhage, hematemesis, hemoptysis, hematuria, injuries to the spinal cord and meninges, thermal fever, delirium tremens, infantile convulsions, pleuritis, pneumonia and inflammatory affections within the chest, are conditions favorably influenced by the application of cold. Don't give up a case of sciatica until you have tried the application of cold. Bind several ice bags along the track of the nerve and keep them there night and day. You will often relieve sciatica in this way when all other means have failed.

Neuralgia of the supra-orbital nerve may often be entirely relieved by freezing the skin directly over the seat of the nerve. For this purpose a piece of ice covered with a little fine salt and firmly pressed over the nerve, or a tube of ethyl chloride sprayed on the skin along the seat of the nerve, serves admirably.

The cold, wet dressing for various injuries, lacerations and contusions, is so important I wish to call especial attention to this feature. Most injuries of this kind are covered with dirt, grease and all kinds of filth, and usually occur several hours or several days away from the surgeon. It wet dressings are applied at once and kept wet with coldest water obtainable, the wound may be kept reasonably aseptic for many hours. Wounds thus treated are rarely swollen or painful. The constant application of cold water will bewilder the most persistent microbe in existence and will often put him entirely out of business.

As an illustration of cases extending over a period of several years, I will mention a hand badly crushed and lacerated in a railway accident. The wound had all kinds of dirt and filth ground into the tissues. I had the wound irrigated for three hours in

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clean cold well water, sterilized water could not be obtained. I then carefully trimmed and freshened the wounds and secured union by first intention. Not a drop of pus followed. Cold, wet dressings were applied for the first twenty-four hours, then dry dressings. In badly infected wounds cold, wet dressings should be alternated with dry dressings to prevent too much hardening of tissues. In treatment of wounds by submersion, hot water at about 105 degrees F. should be used.

A piece of ice bound snugly to the anus is a prompt and effective means of reducing prolapsis or acute external hemorrhoids. It relieves the pain, contracts the blood-vessels and drives the blood away from tumors. The irritation being thus relieved, there is a rapid return to the normal condition. A piece of ice inserted into the rectum acts in the same manner on internal hemorrhoids, and is a means of relief in cystitis and prostatitis, while an ice suppository will provoke the morning stool. Enemas of ice water for the morning evacuation of the bowel are superior to warm water, from the fact that enemas of warm water require one to two quarts, while those of ice water require two to four ounces. Ice water enemas are also beneficial in internal or bleeding piles.

A tumbler full of ice water on arising acts as a laxative; its action is increased by the addition of a teaspoonful of salt. Hot water will do as well, but is nauseating to most patients.

A piece of ice applied directly to the skin is an effectual local anesthetic; under its influence minor incisions and punctures may be made without pain.

Frequently infarction or capillary embolism may be dispersed by the vigorous application of cold, thus many times avoiding dangerous abscesses. This should be watched closely, however, and discontinued as soon as pus has formed. In abscesses after pus has been withdrawn and the cavity treated, cold is the best application. It contracts the distended blood-vessels, relieves the pain and hastens resolution. An ice bag applied over the seat of a painful surgical operation acts like magic.

Strangulated hernia may often be reduced after having been packed in ice for an hour or more. Non-suppurating bubos or suppurating bubos after pus has been removed, orchitis, epididymitis, and such inflammations, are relieved and recovery hastened by prompt and constant use of ice compresses. Uterine hemorrhage may often be quickly arrested by inserting a piece of ice or an ice water douche.

In endocarditis and pericarditis the application of an ice bag

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over the heart relieves palpitation and pain, diminishes inflammation and quiets the heart.

In the disease of infant nutrition, known as summer complaint, gastro-intestinal fever, entero-colitis and various other names, there is no one thing a physician can do that will give quicker results than ice to the head and a cold compress over the entire abdomen. It quiets the nervous symptoms, lowers temperature, slows the pulse and produces sleep.

"Colds," which are prevalent from Pole to Pole and at all seasons, are most quickly and safely relieved by the application of cold. Give a cold bath two to four times a day. It may be a tub, shower or sponge bath and as cold as can be tolerated. Two to five minutes in the bath is ample and should be followed by brisk rubbing until reaction is established. A cold compress over the chest in case there is bronchial congestion or cough. The cough will cease and in an hour the patient will be asleep. After one becomes heated from exercise or working in a close warm room, a quick sponge bath in cold water is almost certain protection from muscular soreness or "taking cold."

If there ever was anything in the theory that "like cures like," it is in the application of cold for cold. What Northern boy has not frozen his nose, ears, hands or feet and thawed them out in a snowbank and not suffered any of the after consequences? What Northern boy has not, on mornings when the thermometer registered 10 to 20 degrees below, jumped out of bed, taken a snow bath and gone downtown without a topcoat, and scorned the idea that it was a cold day? Such boys are unusually free from "colds." As a prophylaxis against "colds" or pulmonary affections, the morning cold bath is king, queen and the whole royal family.

One of the most general and important uses of cold is the application of the morning cold bath to increase the general tone of the system. In cases of nervous exhaustion, loss of vivacity and vitality, and in anemia and chlorosis, improvement is certain and in many cases complete recovery results. The bath may be begun in water at 70 to 80 degrees F. and reduced daily until a temperature of 50 or 40 degrees F. is reached. The bath should be quick, lasting not more than two or three minutes and followed by brisk rubbing until reaction is established. It is claimed that many people can not tolerate these baths, but I have not found it so. The only cases I have found to whom this treatment is inapplicable are those who are too indolent to take the morning sponge bath. These cases are hopeless, and all the tonics in Christendom will do them no good.

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The use of the morning cold bath as a systemic tonic and invigorant, is based on the following phenomena which are known to accompany a cold bath. As authority for these phenomena, I quote the following paragraph from Hare: "On entering the water he shivers, thinks it almost unbearably cold, his teeth chatter and he gasps if the cold suddenly touches the belly-wall or an equally sensitive surface. In a moment, however, reaction sets in, and the extremities, heretofore blue and trembling, become warmer and flushed. The pulse is increased in force and frequency, and the respirations are deeper and more thoroughly performed. As a result of this each portion of the body receives a more perfect supply of blood and feels rejuvenated. Following this stage of exhilaration a third comes on, in which the blueness and depression of the first stage recur in an exaggerated degree, but this condition does not ensue unless the person remains too long in the water. If he leaves the bath while in the acme of his exhilaration the stimulus may remain with him throughout the rest of the day.

"The reason for the occurrence of this train of symptoms is not far to seek. The chilliness of the first stage shows that the great abstraction of heat is lowering the bodily temperature; the centers for calorification in the body are not manufacturing all the heat that is needed for the preservation of the normal temperature. At first the cold drives the blood hurrying into the warm recesses of the body, leaving the surface of the body cold; but in a few moments the system is aroused to the recognition of the fact that it must increase its exertions in the propulsion of blood and manufacture of heat, and so, with an effort it puts forth all its power, picks up each corpuscle that is hiding from the cold in the internal organs, and after imbuing it with warmth obtained by increased heat production in the sources of heat manufacture, forces it out to the surface of the body along with its fellows, which are driven to all parts of the system. This is not a mere figurative way of putting the matter, for cold always contracts blood-vessels and reflexly stimulates the vital centers to increased activity."

The moral effect of the morning bath is not to be overlooked, and to emphasize this feature, I will offer the following quotation:

"A man who bathes every day, 9 to 1 he changes his linens every day. He not only feels better but he feels nearer to God; the moral effect is worth the trouble. The man who bathes each day will sin less than he who does not; he walks out from his home in the morning and feels that he is a clean man and that he has no desire to enter into the trickery of the common herd."

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For the Texas Medical Journal.

Dr. J. Q. Burton's Treatment for Typhoid Fever.*

FARWELL, TEXAS, January 27, 1908.

Editor Texas Medical Journal:

After the promise to report my treatment of typhoid, I shrink from the task for the reason that the idea is so impressed on the medical mind that the disease is self-limited; that such a report would receive scant consideration, yet I will make the venture, though I have to take issue with such a distinguished man as Dr. Osler. To anticipate certain lines of criticism, I want to beg the profession not to doubt my diagnosis; rather, my truthfulness, for I claim to know what typhoid fever is, having practiced medicine for twenty-three years, and, as others, have traveled the long and thorny road of thirty, forty, and sometimes sixty days of that justly dreaded disease.

Fifteen years ago I was partially successful in the treatment of typhoid fever, reducing the time, in a great many cases, to fifteen days' duration. Then I relied mainly on large doses of subnitrate of bismuth, but, not knowing a purgative that I could always rely on, would sometimes fail, though my death rate was very low. In 1905 I added calomel to my former treatment, with uniform success, reducing the time to an average of ten days of fever.

My method, when I can positively make a diagnosis of typhoid, or in suspected cases (I do not wait for development, for valuable time may be lost), I commence with from one to three grains of calomel, divided into six parts, given a half hour apart, usually in the evening, followed by castor oil and spirits of turpentine six hours later, if necessary, and this is repeated every night or every other night, according to condition of tongue and bowels, and all the way through the course of the disease. Usually, on the second visit, I make the following prescription, varying it according to age and condition of patient:

℞ Bismuth subnitrate .....ʒss
Lac pepsin .....ʒiss
Bicarb. soda .....ʒi
M. Divide into charts No. 16. S. One every three hours.

I keep this prescription up as long as there is fever, and afterward further apart, till patient is up.

*In response to requests for this paper, that I can not fill, I reproduce it from March number.—ED.

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For the diet I rely mainly on buttermilk, and at times let them fast when nothing is relished. When I do feed, I give food regularly, every three hours in day, once at night. Peptonoids do well for a change in some cases. Do not give animal food of any kind till convalescence is well established, and no solid food for a week or ten days after fever is gone. That the fever is gone is not proof that ulcers are entirely healed. The old theory that the typhoid bacillus would keep on multiplying in the blood till the fever ran its course, regardless of the source of supply, can but be erroneous. Heal the ulcers, thereby stopping the source of the bacteria and your patient gets well.

I meet symptoms and indication as they arise, but the foregoing plan is my main reliance, and usually does the work. This report and my confidence based on same is made on twelve cases treated in the year 1905, four cases in 1906 and eleven cases in 1907. There were two deaths, one from heart failure after convalescence was established; one with symptoms of perforation, and hemorrhage of bowels, evidently a tuberculous patient. While I would like to have a larger number to base my claim on, yet these are sufficient to give me a great deal of confidence in the treatment. The shortest number of days any of these cases ran was eight and the longest was fifteen, from the time I took charge of them; had complications in a few cases. One had symptoms of cerebro-spinal irritation, lasting three weeks; no fever. Usually where fever was gone they gained quite rapidly in strength and flesh.

This report is not intended for those who think all wisdom, knowledge and discoveries must come from some noted and distinguished member of the profession. Though I would not detract and try to discredit such distinguished members, yet I claim that the humblest may make discoveries just as important to mankind as the most distinguished, and for that reason I make bold to make this report. J. Q. BURTON.

For the Texas Medical Journal.

Some Practical Hints on Prostatectomy.

BY G. FRANK LYDSTON, M. D., CHICAGO, ILL.,
Professor of the Surgical Diseases of the Genito-Urinary Organs in the State University of Illinois.

The technique of prostatectomy varies with the operator, but there are certain principles on which, it seems to me, the majority of operators should agree. There is, nevertheless, a wide variance of opinion on some very essential points. I present herewith,

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therefore, merely my own views as formed from a quarter of a century's observation and an experience of more than five hundred radical operations on the prostate.

Indications for Operation.—Every case of prostatic enlargement in which symptoms are present or the use of the catheter is required should be operated, with the following exceptions:

1. Men in full sexual vigor below 65 years of age in whom palliation is successful or symptoms are not severe and the urine is not infected. It may even be wise in exceptional cases to use the catheter, providing competent surgical assistance is always available In the exceptional cases in which the use of the catheter is permissible, the patient should plainly understand it is only a temporary expedient, and that the best he can hope for is a greater or less prolongation of his sexual life. Several operators have published operations in which the ejaculatory ducts are alleged to be systematically avoided, but, in my opinion, such claims are absurd. The illustrations appended to the descriptions of their alleged operations published in a prominent journal by several Eastern surgeons are "fake," pure and simple. No man living ever pried a prostate "baseball" fashion out of a median perineal incision and incised its capsule "under the eye" at will. Why every surgeon and anatomist in this country did not rise in wrathful protest against these "commercial" illustrations is a mystery. Much can be done to avoid injury to the ducts, it is true, but all the fraudulent pictures and descriptions on earth will not alter the anatomy of the prostate and perineum.

2. Inflammatory enlargement in relatively young subjects should not be "prostatectomized." I have seen a young man of 28 years of age submitted to prostatectomy for an ordinary chronic prostatitis. If I am ever called to the witness stand in a malpractice suit involving such an operation, I shall be tempted to treat the malefactor as he deserves. In very rare instances middle aged or old men with infected, chronically inflamed prostates may require prostatectomy. Old cases of prostatic abscess are best treated by prostatectomy.

3. Very old men who have already acquired the catheter habit, and who have used the catheter without trouble or detriment for some years should not be operated.

Malignant disease requires immediate operation, first, to radically remove the disease, or, second, to drain the bladder and give temporary relief. Primary cancer of the prostate is not rare; in-

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deed, I have often met with it. I shall operate on one this very day. In general, a hard, nodular prostate of recent symptomatic development and rapid loss of flesh is indicative of carcinoma. Blood and "meat washings" in the urine or pain at night practically settle the diagnosis beyond peradventure of doubt. The older the subject, the better the prospect of a prolonged period of relief by operation for prostatic carcinoma. Malignant pathology marches slowly in the aged. I have just learned of the death of one of my cases two and one-half years after operation. He died of cancer beginning in the prostatic "space" and involving the gut, spleen and liver.

It is hardly necessary to state that apparently hopeless and moribund cases should not be submitted to prostatectomy. Palliative operations perhaps,—radical, never.

Prostatic enlargements without symptoms are not necessarily an indication for operation. Such cases may die of old age, yet never have the least annoyance from the prostates. As a rule, the operation should be done after the period of sexual life has elapsed, but in occasional cases a "waiting game" may be played. If, however, the patient is not situated so that he can be carefully watched and supervised, operation is imperative.

Method of Operation.—No given operation can be employed in all cases. The perineal route is best, but either the suprapubic or the combined may be required in certain cases. The median perineal incision seems to me to be best. The capsule of the prostate should be opened on the lateral urethral wall, as this affords the best chance of avoiding the ejaculatory ducts.

Drainage.—I believe in temporary drainage. The wound is deep and usually bathed in septic urine of greater or less virulence. The surgical principle is to my mind very plain. I use a double cannula perineal tube of aluminum, and if there is much hemorrhage—which is rare—I pack strips of iodoform gauze about the tube. The tube is removed on the third or fourth day. If it is allowed to remain longer it is likely to retard healing and promote fistula, besides it is best to get the patient up as quickly as possible.

Complications.—The principal complication to be dreaded is renal congestion or inflammation and uremia. This may be best avoided by hourly rectal doses of six ounces of faintly alkalinized warm water, *without sodium chloride.* A few drops of liquor potass. with twenty grains of potassium citrate serve the purpose.

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The hot carbolic drip for twenty-four or forty-eight hours is one of the best methods of subduing these infections, because it penetrates into every portion of the diseased tissues. I have recently saved a foot (compound fracture) by this hot drip.

Any antiseptic solution strong enough to destroy all the germs would also destroy the tissue which contain the germ. They are neither desirable or necessary and should be used only in moderate strength and in first aids. Rest of the extremity is absolutely important; it should be obtained in the leg by putting the patient to bed with the extremity elevated, and in the hand and arm by applying a splint and swing and allowing no manipulation of the part, which only lights up and spreads the germs to non-infected areas.

The Biers method of applying a light bandage around infected extremities just tight enough to cause a slight blueness for an hour or so through the day has been an invaluable benefit in many of my cases.

The general treatment consists in the meeting of symptoms as they arise, such as sponging and ice applications for excessive temperature, strychnia and digitalis for weak, fast hearts, the keeping of the kidneys and bowels flushed out well by any suitable remedies and an abundance of water. The Murphy drip per anum, in order to have the patient take up more fluids, thus diluting the ptomains, are all valuable adjuncts in bringing these severe infections to a successful termination.

With acne infections, Wright's bacterial staphylococci vaccination has proven a great success in some cases, and its further field of usefulness is one of the future helps to be looked forward to in the treatment of all these bacterial infection.

Most cases of acne boils and common pus infection of wounds is due to staphylococcus. Any of these when chronic may be treated with bacterial vaccine, according to Prof. Wright's opsonic theory. Though the opsonic index is desirable, and no doubt often a vaccine made from the germ in the particular case would give better results, it is perfectly practical to give a patient a mixed staphylococcus vaccine, which can now be obtained from the pharmaceutical houses or from any good bacteriological laboratory.

The ordinary dose of staphylococcus vaccine is 200 to 1000 million of dead germs, and the interval between doses one week to ten days. The technic of giving the vaccine does not differ from that of giving any other hypodermic injection.

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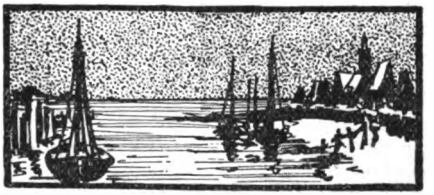

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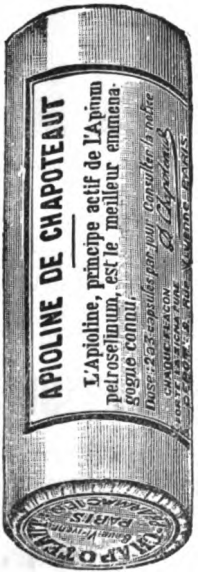
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Not to be confounded with so-called apiol or oil of parsley, which contains but little of the true apioline isolated by Chapoteaut.

Professor Laborde's experiments prove it to be an effective stimulant of the nerve ends of the ovaries and uterus, thus inducing vascular dilatation.

In capsules of 20 centigrams. Original bottles contain 24.

Dose: One capsule morning and evening before and during menstruation.

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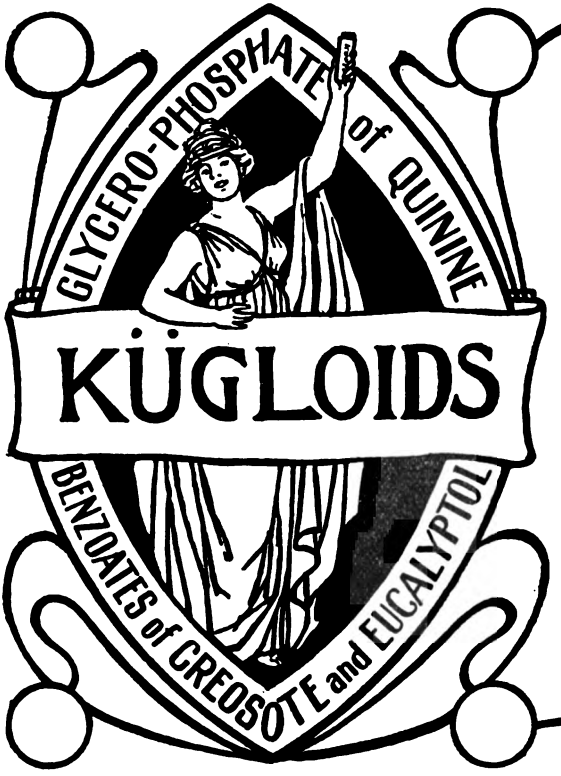

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℞ **Glycerophosphate of Quinine ½ grain.**
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M. ft. capsulae - Mitte 50
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Dose: From 8 to 16 capsules daily.

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EDITORIAL DEPARTMENT.

A Brief Epistle to the Esculapians.

I take it that doctors get tired of a steady diet of "interesting cases," of "society reports" and of fever, pus and bile; and that, like our horses fed all winter on dry forage, they want a change of diet. Especially in the spring time do both, man and cattle, relish a little "greenness"—grass and garden truck. The "Red Back" for many years has catered to this appetite, and while it has not given its readers any "green stuff," I hope, it has given them strong, vigorous papers by the ablest men, and rare spiced dishes editorially and other "relishes,"—a change. The present issue will be found especially spicy. Dr. Lydston's robust socio-sanito-political paper and "Mrs. Pluto's" letter to Dr. Worsham will be found refreshing.

And, by the bye, the "Red Back," for nearly twenty-five years, has been the friend, ally, advocate and defender of the regular profession, the uncompromising foe to quackery and quacks, the champion of organized medicine. It was one of the leading and principal factors in the reorganization and upbuilding of our splendid society. It was all this before the State Association journal, now a gratifying success and a credit to the profession and the State, was born. From the nature of the organization every member is a subscriber to the *State Journal, nolens volens,* half of his dues to the Association going to pay his subscription. But that is no reason why every member should not, also, support the "Red Back." It is being boycotted by some, with whom we differ on certain matters, and the late ruling of the Postoffice Department is especially hard on it, because, appreciating the fact that in many portions of Texas everything is done on long credit and doctors collect, as a rule, but once a year, it has extended unlimited credit to hundreds of its subscribers—pushing none for payment. The Department orders that delinquent subscribers who do not renew their subscriptions within four months from notice will not be counted as subscribers and the mails will be closed to all such. I appeal to those who owe me to take advantage of the Corpus Christi meeting, or other early opportunity, to stand by their old "stand-by," and to ante and get a new deal, if they would not see the old favorite and faithful friend

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go to the wall. And I appeal to those who have not enjoyed its strong, independent, original and racy pages in the past—the younger set—to catch on now. The "Red Back" is *sui generis*. It is unlike any other journal. It does not feed you forever on interesting cases, fever, pus and bile, but throws into every issue a little "nutmeg, cinnamon, spice and cloves" (and that's what gives it its jolly red nose), as *Mater Anser* wisely remarks.

Seriously, there is room for and need of an independent medical journal in Texas; one unhampered and free to give both sides, and the "Red Back" feels that it has earned the continued support of its old friends,—many of twenty-three years standing,—as well as of all who believe in a square deal. Subscribe for the "Red Back." Renew your subscription, if you would not see your old friend crushed out.

IMPORTANT RULING: POWERS OF BOARDS OF HEALTH.—Unincorporated towns and villages may have boards of health and these boards can promulgate rules and regulations and enforce them. James D. Walthall, Office Assistant Attorney General, has rendered an opinion to the State Health Department in which it is held that boards of health in unincorporated towns and villages have the power to promulgate rules and regulations for the public health, which rules and regulations shall be obeyed as laws, and such boards shall have the power to enforce them. In this connection, State Health Officer Brumby is now preparing a code of rules and regulations for such unincorporated districts, and is also making an effort to have these towns and villages incorporate for sanitary purposes. In the opinion Mr. Walthall says:

"This Department is in receipt of your inquiry concerning the powers and duties of boards of health for unincorporated towns and villages in this State. We think such boards have power to make regulations and orders of general application which shall be published and obeyed as laws; also to make special orders, to meet emergencies not provided for by regulations of general obligation, to be enforced for the suppression of nuisances and, of course, of contagious diseases and other great dangers to life and health.

"The duties which commonly devolve upon such boards may be enumerated as follows:

"First—To discover and remove preventable causes of disease, and to this end to maintain an efficient system of sanitary inspection and reports.

"Second—To appoint agents and inspectors to carry into effect the sanitary rules and regulations.

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"Third—To cause every case of infectious or contagious disease to be reported immediately to the board.

"Fourth—To keep the State Health Officer informed concerning dangerous diseases in its jurisdiction.

"Fifth—To receive and examine into the nature of complaints concerning nuisances and causes of danger and injury to public health and to cause such nuisances and all other things dangerous to the public health to be removed, suppressed and abated.

"Sixth—To protect the community and every family against infectious and epidemic diseases, and to prevent the spread of contagion by providing for the regular isolation of domestic quarantine of every case of contagious disease which occurs in the community.

"The powers are conferred and the duties enjoined upon the board to secure the preservation and promotion of the public health by the enforcement of all necessary and proper sanitary regulations and the suppression, amendment or removal of all conditions detrimental to the lives and health of the people. And in view of the importance of the interest confided to the care of such health boards the laws conferring those powers receive a liberal construction in aid to the beneficial purposes for their enactment.

"In the case of Gregory vs. New York, 40 New York, 275, the court say: 'The importance of sustaining local boards of health in all lawful measures tending to secure or promote the public health should make the courts cautious in declaring any curtailment of their authority, except upon clear grounds.'"

This applies to cities as well. It may be asked how can the health board enforce its mandates? Dr. Brumby, the State Health Officer of Texas, under and by authority of the above ruling, compelled two slaughter houses in Austin to discontinue, to build new houses on clean ground, to tear down and burn the old buildings and cover the entire ground with sand and lime. How did he do it? By threat of injunction and suit for maintaining a public nuisance—a menace to the public health. Bully for Brumby!

Editorialets.

AMERICAN MEDICAL EDITORS' ASSOCIATION.—The annual meeting of this society will be held at the Auditorium Hotel, Chicago, on May 30th and June 1st. An extensive and interesting program has been prepared, and every member of the Association is

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urged to be present, and editors of medical magazines, not now affiliated with this society, are also invited to meet with them. Do not forget the date, Saturday, May 30th, and Monday, June 1st.

DR. S. M. JENKINS and Miss Shirley Hassler, of Enid, Oklahoma, were married April 29th ult.

MRS. HONS, wife of Dr. J. M. Hons, of San Marcos, Texas, died at their home April 26th (ult.), after a protracted illness.

DR. J. R. RUCKER, an old practician of medicine, died at his home at Temple, Texas, April 19th ult., aged 55. He was a brother-in-law of Senator Bailey.

FALLING IN LOVE is the beginning of all wisdom, all sympathy, all compassion, all art, all religion; and in its larger sense is the one thing in life worth doing.—*The Fra.*

DR. WALLACE ROUSE, a lecturer in the Medical Department, University of Texas, Galveston, while fishing from the pier out on the government jetties at the mouth of Galveston Bay, was struck by lightning and instantly killed April 21st ult. The lightning struck his steel fishing rod. Several of the party were stunned, but not seriously hurt. Dr. Rouse was 36 years of age and a graduate of the Medical Department, University of Texas, 1902.

THE *Charlotte Medical Journal* and the *Carolina Medical Journal* have been consolidated. A stock company has been created which will conduct one journal in the future. The journal of the new corporation will be known as the *Charlotte Medical Journal,* and will retain the same architectural features, business and editorial management as the present *Charlotte Medical Journal.* The *Journal,* with its new influences, will be enlarged and, in many respects, greatly improved. It will remain a typical Southern journal, and will be devoted to the best interests of each member of the medical profession of the South. Dr. E. C. Register is editor.

WHAT THEY SAY: I called on my subscribers to *ante,* as the P. O. Department has ruled that I shall drop all who don't do so,

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and they just rattled the checks in,—most of them with kind words, for which I earnestly thank them. I can count on my "old guard" in a tight. Here are extracts from a few letters received in response to my appeal:

I regard the "Red Back" as my old friend—one with whom I can differ regarding certain policies, and yet feel that it is as honest as I am in its opinions. May you live long and prosper.

Always as your friend,

M. B. GRACE, Seguin, Texas.

It is read with pleasure by my wife as well as by myself. Wishing you and the good "Red Back" continued success, I am,

Very truly yours,

H. A. FEE, M. D., San Antonio.

RUSK, TEXAS, April 11, 1908.

I would be lonesome without the "Red Back." [Twenty-one years.]

A. H. MCCORD,
State Prison Physician.

GALVESTON, TEXAS, April 13, 1908.

Dr. F. E. Daniel, Austin, Texas.

MY DEAR DOCTOR: Enclosed please find $5. "Now will you be good?" Your friend,

A. W. FLY.

[Five years in advance, 1913.]

WINNSBORO, TEXAS, April 8, 1908.

Dr. Daniel.

DEAR SIR: Please find $1 for subscription to "Red Back." Wishing you a long (yet) and useful life, and may success ever be with you, I remain, as ever, Your friend,

T. N. SKEEN.

LAVERNIA, TEXAS, April, 13, 1908.

Dr. F. E. Daniel, Austin, Texas.

DEAR DOCTOR: Please find enclosed P. O. money for $2, which will pay for my subscription to the "Red Back" for this year and next. The "Red Back" is worth many times its price and I welcome it always. Too good to do without.

Fraternally yours,

R. G. MARTIN, M. D.

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WACO, TEXAS, April 22, 1908.

Dear Doctor Daniel:

Can't do without the "Red Back" and never expect to try to do so while you are the editor.

J. T. HARRINGTON.

DAYTON, TEXAS, April 9, 1908.

Dr. F. E. Daniel, Austin, Texas.

DEAR DOCTOR: Enclosed you will please find my personal check for $2. Let the "Red Back" come and notify me when my subscription expires. Fraternally,

J. T. TADLOCK, M. D.

MONROE, LA., April 6, 1908.

Dr. F. E. Daniel, Austin, Texas.

MY DEAR DOCTOR: The "Red Back" came to me this morning. I read your notice on page 413, and hasten to you a check. I do not want to be among those who help to break you. I am always interested in the "Red Back." It is like getting a letter from home. With best wishes to you, I am,

Cordially yours,

W. E. PUGH.

TEXARKANA, TEXAS, April 11, 1908.

Dr. F. E. Daniel, Austin, Texas.

MY DEAR DOCTOR: Enclosed find exchange for $1 in payment of subscription for JOURNAL up to June, 1908. I think I subscribed for the JOURNAL twenty-three years ago, and have enjoyed each number. I am now in my 72d year, having practiced medicine fifty years. It is now time for me to retire from an active practice, and will ask you to discontinue the JOURNAL when my subscription expires. [Not much. I will send it complimentary as long as we live.] "Ere I take the first step on that narrow isthmus that separates time from eternity," I wish to acknowledge my appreciation of yourself and the JOURNAL. May God bless you is my prayer.

R. W. READ.

And here is what Sharp & Dohme say:

BALTIMORE, April 17, 1908.

The Texas Medical Journal, Austin, Texas.

GENTLEMEN: It is purely a formal matter, but always a delightful business procedure to renew our arrangements with the TEXAS MEDICAL JOURNAL. Please consider this as a formal re-

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newal of the old arrangement for the same space we have occupied for *more than twenty years,* and which we hope to be able to occupy for *another double decade.*

Taking this opportunity to extend our most cordial greetings to your perennially youthful and always gracious editor, and hoping that Mrs. Daniel enjoys excellent health, we beg to remain,

Sincerely yours,

SHARP & DOHME.

Department of Public Health.

DEPARTMENT OF PUBLIC HEALTH AND VITAL STATISTICS,
STATE OF TEXAS.

AUSTIN, TEXAS, April 25, 1908.

To the Physicians of Texas:

I am Chairman of Section on State Medicine at the coming session of the State Medical Association, which meets in Corpus Christi, May 12th to 14th. We have prepared an interesting program and each subject has special reference to some of our present or contemplated work. Again, the author of each paper has some official capacity and is well acquainted with the subject at hand.

The next most appropriate thing is the right kind of an audience, and we want all health officers possible to attend the S. M. A. and particularly this section. The time assigned us is Wednesday, 9-12 a. m. Don't forget the day, Wednesday.

Another thing I would like to bring to mind is the fact that we have an opportunity to get together in the same hotel at very reasonable rates in case you wish to take advantage of it. The Epworth League grounds, on the most delightful beach in the world, is close at hand and the hotel will be open on May 1st. The management has offered us lodging and breakfast for $1.00 per day and the privileges of the bath house thrown in.

There are only sixty-six rooms, and while most of them have double beds, yet this will not entertain all our health officers, for we have nearly 400 enrolled. So any of you that wish to reserve a bed please let me know as early as possible, for it will have to be "first come, first served." In case you are expecting to bring your wife, don't fail to mention it. By the way, fishing is good, bathing is better and boating is the best yet. In case there is no yellow fever in sight at that time it is possible one or two of our biggest and best quarantine boats will be in hailing distance, but

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don't mention it for fear some of the balance will wish they were health officers.

Again, "dollar dinners" are popular just now, so what's the matter with our having a dinner Thursday, the last evening of the meet? Instead of toasts, we might "talk shop"—relate some of our experiences, while giving our digestive apparatus an opportunity to assimilate each course.

Hoping that you will be able to join us and will so state in your next communication, I remain

Yours very truly,

W. M. BRUMBY,
State Health Officer.

AUSTIN, TEXAS, April 25, 1908.

To the County Health Officer:

DEAR DOCTOR: My request to the health officers to meet at Corpus Christi met with so much encouragement, and there will be apparently such a large attendance, that I have decided to have the Annual Conference of Boards of Health and Health Officers on Friday, May 15th, immediately following the annual session of the State Medical Association, the meeting to convene at 9 a. m. at the Auditorium in the Epworth League grounds.

I would like to have you attend this meeting as representative of your county, as there are matters of importance to come up which are of vital concern to you and to your county. Please take up this matter at once with your county judge and commissioners court with a view of having them pay the expenses of the trip, as your salary will certainly not justify the expense, and I do not like to insist upon you coming unless the commissioners court will pay the expenses. Moreover, the trip is in the interest of your county and will redound to a betterment of its sanitary conditions.

I am enclosing, herewith, copy of queries and you will be expected to hand in a written report covering these subjects. Do not enter into too much detail, but give me a short concise report.

I have perfected arrangements whereby all health officers can secure accommodations at Epworth Inn, right on the bay shore, at reasonable rates. In case you have not already notified me to reserve you a room, please do so at your earliest convenience, if you contemplate going.

Yours very truly,

W. M. BRUMBY, M. D.,
State Health Officer.

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The following subjects are to be discussed at the Annual Conference of Texas Health Officers and Boards of Health, which meets in the auditorium, Epworth League ground, Corpus Christi, May 15th, 9 a. m.:

SANITATION.

What, if any, interest is being manifested by your people in sanitary affairs, such as improvement of jails, courthouses, slaughter houses, dairies, meat markets, and "clean up days" in cities and towns?

What towns or cities in your county have organized sanitary forces? Give number of men employed, including health officer and scavenger forces, and their duties. All city health officers to make separate report and to include appropriation for maintenance and no men.

PURE FOOD.

What effort, if any, outside larger cities is being made to have a milk and food inspection service?

QUARANTINE.

Report as far as possible number of cases, and any deaths that may have occurred, in your county, of the following diseases, for the year 1908; that is, since January 1st: Leprosy, smallpox, scarlet fever, diphtheria, epidemic cerebro-spinal fever, epidemic dysentery, typhoid, tuberculosis and trachoma.

Are the regulations on quarantine, isolation and disinfection complied with in every instance with smallpox, scarlet fever and diphtheria? Are the physicians of your town or city co-operating? Is the commissioners court (or city council, as the case may be) supporting you, and have they passed proper resolutions and ordinances authorizing you to immediately take control of these three diseases? Is compulsory vaccination one of the requirements for entrance to the public schools?

Are physicians reporting tuberculosis, and do you follow up these cases and disinfect the house in case of death or removal? Is there any perceptible increase in tuberculosis in your city or county, particularly as relates to the older residents, in the last five years?

(This paragraph is to be answered by those of you in the mosquito territory of tne State.) Are your people alive to the necessity of mosquito extermination, screening their houses and cisterns, and interested in better drainage? Do you favor not placing on a

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quarantine were you assured that there were only one or two imported cases of yellow fever in a given town or city in our State, and further assured that the disease was recognized early and all possible precautions taken from the beginning, such as screening and fumigation of house infected as well as houses in same block? Do you think that your constituents have sufficient confidence in you and your State Health Officer to listen to reason, and to stand for a "safe and a sane" method of protection, once assured of the above facts?

Have you read the proposed sanitary code of unincorporated towns, and do you think that the citizens in your unincorporated towns can be interested in incorporating for sanitary purposes under the law governing such?

VITAL STATISTICS.

What approximate per cent of births and deaths is being reported to your county clerk at present? What percentage of doctors are reporting births and deaths? Do midwives report births any better than physicians?

Now, doctor, you will be limited to three minutes each in reading the above report, so try to limit yourself to about 800 words and confine yourself strictly to a report of conditions and the subjects enumerated, and not go into detail. These reports are to be published later, so put same in writing, and in case your report can not be read in the allotted time you will please submit same without reading when the name of your county is called.

In case no county physician is present, any city physician in addition to his own can make report for his county—a verbal one if he prefers.

Abstracts and Selections.

Some of Humanity's Debts to Vivisection.*

BY R. W. SHUFELDT, M. D.,
Major Medical Department U. S. Army (ret.); Membr. Medico-Legal Society; Corr. Membr. Zool. Society of London; L'Alliance Scientifique Universelle de France; Anthropol Soc., Florence, etc., etc.

On the evening of the 19th of February (1908) the Medico-Legal Society held one of its regular meetings at the Waldorf-Astoria Hotel, upon which occasion the present writer read his paper dealing with the question of vivisection and its detractors.

*Read at the March meeting of the Medico-Legal Society, March 18, 1908.

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In that communication the subject was dealt with in a very general way, the whole making too lengthy a contribution to reproduce in this journal, so, through the courtesy of the Society and Dr. Clark Bell, who presided at the above-mentioned meeting, I have been permitted to have my original paper printed elsewhere, while in the present article it is my aim to incorporate the main facts that were set forth in the paper that was read at the Waldorf-Astoria, but more particularly do I wish to elaborate those points that go to demonstrate what medical science has gained for the world and for humanity through vivisectional researches in times past, and the enormous benefits that continue to flow from such operations in the present.

It has been a matter of the greatest amount of surprise to me lately to note the names of some of the most distinguished physicians and surgeons in this country, as well as in Europe, associated with those who please to call themselves anti-vivisectionists in this old controversy, which has of late been revived on their part with all the asinine mental density of the inquisitional attacks of the enemies of science in the Fifteenth century, and it would seem with quite as much venom and vigor. If those great surgeons and physicians have said the things that the anti-vivisectionists allege that they have said against the practice, and it seems quite incredible in some instances,—why there can be but a few explanations for their attitude. They have either no knowledge of vivisection, never having enjoyed the advantage of laboratory research; or, their time being taken up with their enormous practices, they daily and unthinkingly use the facts that vivisection has given to the world, never questioning how they were obtained, by whom, or when.

Today vivisection covers a very wide field of scientific experimentation, as it not only includes experimental cutting operations upon man when justifiable, but more particularly upon various forms of animals below man,—for it likewise takes into consideration such similar experimentation, whether it be to advance our knowledge of surgery, medical practice, midwifery, the action of drugs and poisons, physiology, pathology, the relation of living beings to their environment, and other lines of research, to each and all of which it has been the main factor of advancement since vivisectional methods were first instituted.

Every profession has within it its constituency of the narrow-minded and the semi-informed. Medicine forms no exception here, and the anti-vivisectionists have drawn upon this constit-

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uency for some of its recruits. In some instances the bait of widespread notoriety was more than their light-weight brains could resist. Apart from this contingent, the main body of anti-vivisectionists is made up of sentimental women; pseudo-humanitarians; and representatives from various religious organizations, with a moderate mixture of the arch enemy to society and all other progress, the vice suppressionists.

At the outstart, I desire to say upon my own responsibility that, in the main, the representatives of the great army of doctors of medicine of the various civilized countries of the world, both living and dead, are not, nor have they been, of an ignorant class, nor of a class given to brutality, and to the performing of experiments upon living animals for the sole purpose of giving pain, and the amusement it afforded them. The sane in our community, I think, will readily admit this, whatever the anti-vivisectionists may think.

Then I desire to state, and again entirely upon my own responsibility, that the practical benefits conferred upon man and other animals which he has domesticated, through what has been learned and derived from vivisectional researches, is, in amount, absolutely incalculable. These benefits are actual and ever upon the increase. That this is true, medical evidence and medical statistics prove beyond the slightest peradventure of a doubt, and in the most incontestable manner possible.

No science can advance without continuous experimentation, and it must of necessity experiment with the materials which in the case of any particular line of scientific research it studies and deals with. In its broadest sense, the science of medicine deals with life, therefore, in its experimentation it employs such material as possesses life. The physiologist could add nothing to the knowledge of his science by experimenting with the materials used in investigation by the photographer, any more than the scientific photographer could in any way advance the acquired knowledge of his science through vivisectional research. Now, my advice to the entire body of anti-vivisectionists,—apart from those great and unthinking surgeons and physicians who have joined their ranks in the world at large, and in this country and in England in particular, is to attend to their own affairs, and let the doctors and their researches alone, for, as a matter of fact, they have no real knowledge of the necessities of either. If they really must exert their efforts to prevent cruelties to dumb animals let them turn their attention in other directions, as, for

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example, the cattle branding corrals on the western prairies; the ostrich farms; the restaurants, where thousands upon thousands of animals are boiled alive daily; and many similar hotbeds where unnecessary cruelties are performed, and have been performed for ages past. The examining into such operations as these falls directly and legitimately within the proper sphere of their action. Taking the sum total of the amount of pain and cruelty inflicted through the branding with a big iron brand, heated to a white heat, of thousands upon thousands of innocent little calves in this country, so far outweighs all the pain that has ever been felt by animals in the vivisectional laboratories of the world, that the latter need hardly be considered at all in comparison. And, mind you, this branding is done without the mitigation of any anesthetic, and makes only as a factor in the satisfaction of man's greed, while the facts acquired through vivisectional research make for the ultimate alleviation of suffering in both man and other animals for all time; and in all parts of the world into which the knowledge thus obtained may be extended.

Without mentioning any names then, I prefer to propound a few questions to those great and distinguished British and American surgeons and physicians, who it is alleged have joined the ranks of the anti-vivisectionists, and who, as a body subscribe to the statement that neither medicine or surgery, physiology or pathology, therapeutics or hygiene, have ever, in any way, been advanced through what we have gained by vivisectional experimentation in the broadest sense of its meaning.

These gentlemen will admit, I think, that it is of importance for us to know of the properties of the *pancreatic* juice, and the part it plays in digestion. Would it have been possible to have gained, up to the present time, such information from studies of our own species? Would the law have allowed it, and could constant demonstrations be made to medical students every year in the schools? Most emphatically, *No.* And had it not been for Bernard's brilliant vivisectional experiments upon living animals, and the forming of pancreatic fistulæ in dogs, and thus obtaining unadulterated specimens of the secretion, we would know little or nothing today of the nature and action of the pancreatic juice,—practically nothing.

It will be admitted that it is important for us to know the exact, and every action of the heart. Was not the demonstration of the shortening of the ventricles during systole made through vivi-

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sectional experiments on the lower animals, as dogs and frogs; and could this fact, so long debated, have been proved in any other way? Here we must use woorara and administer no anesthetic. How about what we know in regard to the circulation of the blood and the formation of abscesses? We would have been almost in the dark here had it not been for our examinations and experiments with the lower animals.

It is very important for us to know something of the nature of the *pressure of the blood in the arteries; the pressure in different parts of the arterial system;* the influence of respiration upon circulation; the *rapidity* of the circulation of the blood; and a great deal more referring to this most vital fluid. How have we come by nine-tenths of that information? Distinctly through vivisectional experimentation, upon living animals performed in hundreds of laboratories in various parts of the world. The experiments were of such a nature that they would never have been permitted in the case of man.

Have we learned nothing about the veinous circulation through vivisection. And how about what we know of the *respiratory* sense in the study of *respiration?* It was settled by Volkmann in 1841, and entirely through operations upon dogs; we might have waited until the crack of doom and it would never have otherwise been revealed to us.

How about Bernard's experiments upon dogs in his studies of the nature of saliva? Could these have been performed upon the human subject, and was nothing learned through vivisectional experiments in regard to these very important secretions? The physiology of *deglutition* is surely an important thing. How about the experiments of Longet upon living dogs in this matter? Half our knowledge or more is here due to vivisection. The formation of gastric fistulæ in living dogs, and the continuation of such experiments, is absolutely indispensable for the scientific study of the properties of the gastric juice and the study of the entire question of digestion. Will any sane person question for an instant what a thorough knowledge of digestion means to the medical practitioner? More than four-fifths of that knowledge has been gained through vivisectional research. So great is the bulk of this knowledge that even the importance of Dr. Beaumont's studies of the gastric juice in the case of Alexis St. Martin sink into insignificance beside it.

What would we know today of the physiological action of the intestinal juice in digestion were it not for the careful vivisectional

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experiments of Colin, of Frerichs, of Bidder and Schmidt, of Busch and a host of other observers in the same direction? Little or nothing. All this important physiological knowledge was accomplished through vivisection. The same may be said for our knowledge of the functions of the liver, and the action of the *bile*. Pray what would we know about such an important fluid in the economy as bile, had it not been for the hundreds of experiments that have been made by distinguished investigators upon living animals? Has the employment of biliary fistulæ in dogs brought us nothing here? Were the experiments of Schwann of no value? Could the examination of the human subject alone give us any information in regard to the properties and action of *bile?* Is the knowledge of the influence exerted by this fluid of no importance? What are the great and distinguished surgeons and physicians in the ranks of the anti-vivisectionists thinking about?

Almost our entire knowledge of the physiology of the intestines and intestinal digestion we owe to vivisectional experimentation,—and what we learned from animals in this matter was as we know, confirmed in at least one instance in the human subject by Professor Busch.

Nearly everything we know of the physiology of the spleen, kidneys and the suprarenal capsules has been acquired through our studies of these organs in the lower forms of animals. The removal of the spleen in a live dog was performed as long ago as the year 1687, and is described in the works of Malphigi, and the operation has been done hundreds of times since. We have a great deal to learn yet, with respect to the physiology of such glands as the thyroid, the thymus, and the pineal, so we can ill afford to part with such little information as we possess, much of which has come to us through vivisectional investigation, as every informed physiologist well knows.

When we come to study the literature of such a highly important subject as nutrition, we find it simply overflowing with facts that were obtained through a study of the physiology, by vivisectional means or otherwise, of the lower animals, and applying such knowledge to our own economies. The experiments of such investigators as Boussingault, M. Claude Bernard, Magendie and Bernard, who introduced thermometers into the heart of a living horse; Herwig performing the same operation on a calf; and a score or more most distinguished physiologists, having given us much that we know about animal heat. In fact more

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than half we know about animal heat we have obtained through experimentation upon the lower forms. Will any anti-vivisectionist question for an instant the importance of a knowledge of animal heat?

When the floor of the fourth ventricle of the brain is irritated artificial diabetes is produced, and we find sugar in the urine. The experiment is in nearly all instances made with rabbits; the operation is almost entirely painless, and is seriously interfered with if we administer an anesthetic or woorara. This experiment throws a very important light upon the glycogenic function of the liver, and I have yet to meet with a man or woman who were willing to allow me to perform the operation upon them, no matter what the knowledge meant to medicine or otherwise signified. Its value rests entirely upon a vivisectional experiment and Flint has said of it that the "production of diabetes in this way, in animals, is exceedingly interesting in its relations to certain cases of the disease in the human subject, in which the affection is traumatic and directly attributable to injury near the medulla." Many women faint when they see the instrument pushed down into the living animal's brain; anti-vivisectionists throw up their hands in holy horror; and the sentimentalists rush in to pass a bill to prohibit such brutalities. Most laymen are laboring under the impression that to cut the brain is the most painful operation that can be done on any living subject. Cutting the brain in a live person in no way influenced by an anesthetic gives rise to no pain at all. In the case of a gunshot wound of the head I have taken away a teaspoonful of brains in an unanesthetized man, and he never so much as flinched or felt it. Surely it is important to know all we can about such a disease as diabetes,—almost any one will admit that.

We owe to experiments upon living animals or those recently deprived of life nearly all we know of the physiology of the muscular system, as is shown in the well-known experiments of such able investigators as Masey, Longet, Dr. Brown-Sequard, Helmholtz and others.

In man, as in other vertebrates, there is no more important system in the economy than the nervous system, indeed, one might in truth say that it is the most important system of the body. Has our knowledge of the nervous system, in health and disease, been added to in any way through vivisectional experiments upon the lower animals? If I may be permitted to answer this question, I would say that were we to eliminate from our

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present knowledge of all we know of the nervous system what has been gained through the investigations upon living animals, both with and without anesthetics and woorara, of such brilliant and talented experimenters as Sir Charles Bell, Magendie, Mueller, Shaw, Waller, Bernard, Brown-Sequard, Matteuci, Chauveau, and a host of equally eminent observers since, the amount of information we would have left would be about co-equal with what physiologists knew of that system two and a half centuries or more ago. It would have been simply impossible to have gained what we here know through experiments upon human beings, and I defy anyone to demonstrate that I am wrong in this statement,—be he or she layman or laywoman, anti-vivisectionist or doctor of medicine. What we know of the nervous system through vivisection has simply relieved either in whole or in part an endless amount of pain in millions of human beings and other animals in times past, and will for all time to come. What I have just said in regard to the nervous system applies with greater or less truth to every department of surgery and medicine entailing the relief of physical and mental suffering in man and thousands of ferine and domesticated animals below him.

Space limitations will prevent me from pointing out the incalculable benefits to humanity that have flowed from vivisectional experimentation in the testing of drugs and poisons; in surgical researches; and in half a dozen equally important fields of my profession. This I may do upon some future occasion, but for the present I must close here.—*Advance Sheets Medico-Legal Journal, March, 1908.*

Superintendent Worsham on Insanity.

The following "interview" with Dr. Worsham appeared in the *Houston Post* of March 24, 1908:

Dr. B. M. Worsham, of Austin, Superintendent of the Texas State Insane Asylum, and one of the best known alienists in the country, is in favor of a law which would place restrictions upon the marriage of persons in whom there is the least taint of insanity. Paradoxical as it may seem, Dr. Worsham, who was at the Rice yesterday, believes that the advancement of science to such a degree that the most acute cases of insanity are cured is the cause of the increasing ratio of insanity, because former insane patients marry, and have children who are defectives.

"Fifty years ago," said Dr. Worsham, "there was absolutely no

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cure for insanity, and death was the only relief which came to the unfortunate who lost his reason. With the progress of science the most acute cases of insanity are cured, and out of the various asylums in Texas every year there go at least 200 men and women cured of this disease.

"Most of these persons marry. I believe that at the very lowest estimate there are fully 200 children born in Texas every year whose fathers or mothers have at one time been inmates of an asylum of this State. While these men and women who are sent from the asylum as cured are cured, there is still that insane temperament which is transmitted to the progeny. Insanity itself is not transmitted to the offspring, but it is this tendency which brings about insanity.

"And so, while science is curing insanity, the lack of a proper statute which would place restrictions upon the marriage of those who have the insane temperament, although they have been cured in an asylum, causes the percentage of insane persons to the population to be constantly growing. I don't know just how it could be accomplished, but there is necessity for something along this line for the benefit of humanity.

"The population of the Austin asylum is 1200, which is its full capacity. Within the next sixty days a new building will be completed for the use of negro patients. This will permit us to increase the number of negroes there from 200 to 400. There is a demand for these extra accommodations and for more besides, because the jails of Texas have many negroes waiting to be transferred to the asylum as soon as there is room for them there."

Dr. Worsham has been an alienist in the service of the State for eighteen years. He was appointed from Ellis county as first assistant superintendent at Austin. He was there four years, and then became superintendent of the Southwestern Insane Asylum at San Antonio. After eighteen months' service there, he was made superintendent of the Austin institution.

Ethan Allen Hitchcock, former Secretary of the Interior, in whose department the insane asylums of the government are, declared that the institution at Austin was much finer in every respect than any belonging to the Federal government; in fact, was superior in every way to any insane asylum he had ever inspected. That was in 1901, when he was a member of the party which accompanied the late President McKinley on his tour of Texas.

This article elicited a most remarkable letter to Dr. Worsham from a lady who concealed her identity under the appropriate

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nom de plume of "Proserpine," Mrs. Pluto. From her account, she had "been there." I commit no breach when I publish it with Dr. Worsham's consent, and regret I can not publish it in full. Some of it is unprintable, even in a medical journal. If "Mrs. Pluto" will reveal her identity, Dr. Worsham will be pleased to discuss the subject further with her through the TEXAS MEDICAL JOURNAL. Here follows the letter:

A REMARKABLE LETTER.—AS A WOMAN SEES IT.

HOUSTON, TEXAS, April —, 1908.

Dr. B. M. Worsham, Superintendent Insane Asylum, Austin, Texas.

DEAR SIR: Reading your recent views anent increasing insanity, I am moved to dare embezzling a part of your valued reserve time, necessary to peruse this somewhat detailed communication. It strikes me the world of noble men who minister to the sufferings of poor, stricken humanity, too seldom seek for the cause of the ills they would heal, and aim only at effects. Please reflect; I'm not speaking one word in this writing with the idea of either criticizing or antagonizing, but simply and solely in the hope of directing attention where alone it can be made effective in dealing with a mind diseased. Insanity among women is due in 99 per cent of its cases to lack of tender, affectionate love bestowed by the husband, and among men by the excessive waste of the vital forces as represented through the seminal fluids.

This first paragraph may combine both exordium and statement, but let me now state my personal knowledge of the proposition. I was born of parents wholly ignorant of aught save the *fact* of bodily being and its provision. My parents were wedded barely nine months when a son was born; just eighteen months later I opened my eyes to life. Twenty-one months afterward another son came, and at that rate the family increased till nine children ran about the small farm almost naked and often hungry for the barest necessities. * * * I was ushered into mortal existence heart-hungry. I wanted, aye, *needed* love. As I grew up the holy angels alone knew the awful, the agonizing hunger from which I suffered for this heritage of every child, the tenderly expressed love of its parents. Often and often I sat gazing at them, and felt that if only either of them would take me in their arms and give me just one sweet kiss, one endearing embrace, it would transform earth into heaven for me; but neither of them ever gave me such caress until the occasion of my wedding, when they both kissed me good-bye.

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Now, I had, in a sense, been driven to wed in the search for this same affection. It seemed too often that I should go mad unless this craving was met in some way. But little past fifteen years of age, I accepted the suit of a man about twelve years my senior. His demonstrations before marriage led me to think my *heart*-longing would, at least, be gratified. Sexual desire I knew nothing of, nor, to this day, have I ever been led to know its nature. I believe that, had my affectional nature been met, and my natural propensities cultivated, the human fruitage of womanhood had been my portion; but this man the world called my husband, because a human and not a divine code had been pronounced, * * * no sooner had I been left alone with him than he assaulted me and committed the most dastardly rape on my person a man could be guilty of perpetrating. The days that followed were one round of vulgar exhibitions and demands for the most offensive sacrifices on my part. I demurred and he roughly demanded, "What d'you s'pose I married you fur? That's all men want," etc. I was untaught as to the conditions prevailing in the wedded estate. I had no means of knowing whether all women were required to descend to like humiliation or not; but, judging from what my own mother had told me of my father's doings, I was half convinced my husband (?) was right. I bore the condition—in my young ignorance knew no better—for three years. A child was born, meantime, and the beast did nothing for our support; lay about saloons and was drunk half the time. Explaining to his associates that "his wife was no wife to him," and that, of course, commanded their sympathy. I took my babe, at last, and fled from him; for I would have numbered one of the unfortunates over whom you now have charge had I been bound to remain in such torment. All this time, the dread longing for affection was increasing instead of diminishing; for sexual congress was *not* what my nature needed.

Not supposing, however, that all men were wholly alike, some years later I again contracted matrimonial rites. The man in this case was an educated, refined gentleman, as the word goes. He never spoke a vulgar word in my hearing, nor was guilty of an offensive act; but he knew no more of affection—the kind my heart ached and hungered and longer for—than though he had been made of rock. He was not specially intemperate, did not seek sexual congress so very frequently, nor in any objective way did he ever offend my sensibilities; but never in all the years we passed together—fourteen—did he volunteer one single expression of that

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tenderness *I needed*. Whenever he did offer me a caress, I knew the sex impulse was its cause, for it was always followed by such demand, and then loving expressions ended until next time the same nature was to be met. When I asked him why he never offered me a caress except when he wanted such service, he replied, "I don't think about it." Fatal admission! It proved that no love-impulses dwelt in his heart, and only sexual ones in his fleshly nature. The fact extinguished the love fires—what there had been of them—in my nature. He, caring only for a woman who promoted the sexual impluses, soon sought another woman. I truly loved the higher self of him, and never in all our lives had I failed to shower the full affection of my heart upon him. Whenever engaged at household duties and they led me past where he sat reading, or any such opportunity offered, I never failed to hastily press a loving kiss on his forehead, stop and stroke his hair, or in some way show the love of my heart for him. Never, though, never once, did he respond to such embraces on my part. Will add just here that my entire nature is one bundle of affection. I can not live anywhere, with children, my own sex, animal pets, or in any manner where affection is permissible at all, without a constant expression of my heartfelt love for life in its highest and most refined forms; but debauchery, the descent to animalized planes for the revelry of the senses in the depths of vulgarity and debauched life, I *can not* endure. This second husband finally deserted me for a red-light woman, an ignorant, uncultured female, but one who could—at least, did—supply his fleshly needs without demand on his heart,—at least, so I concluded, though I have no means of knowing just how her inner selfhood is organized.

My friends who understood me best, both men and women, often assure me: "You haven't met the right man yet," etc. Well, I rather objected to trying them all in order to "find the right one." but I did, finally, wed again. This time a man of mature years, supposing that time would serve to transmute the baser factors of man's nature into finer forces, but, alas! he was a worse beast than the first, in that he added an educated power to the lesser strength of ignorance. Widely traveled and experienced, he lived only for descent into the more insiduous debaucheries and suggested such awful * * * that I would have fled from him in two days but for the opinion of my friends and the social world in which I moved, added to the fact of two previous failures (?) matrimonially, from which the world's judges would deduce that, since I was unable to live with any man, the cault must be mine. Very logical, indeed!

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Back to my primary proposition anent insanity: I base my conclusion not upon my own knowledge alone, but my sphere in life has brought into my confidence a large number of other women who have given me their confidence, thereby seeking some solution of the dread problem of matrimonial union; and in a very large percentage of instances I find their worst trials are just what mine were, *i. e.*, lack of affection and an over-supply of lust. Many, many of my sister women have said to me, with tears streaming from horrified eyes, "I can not endure my life. I feel I shall go mad," etc. Woman's nature needs love, not lustful desire unfortified by aught save selfishness, and, needing this, they perish, in a soul sense, without it as a plant dies from want of refreshing raindrops, and is scorched and withered and destroyed by the blazing fires of the sun, unmodified by refreshing forces from other of nature's sources.

Now, while you, the medical world—and remember, I am not speaking with disrespect of the fraternity—why don't you men seek for the cause of insanity, and strive to ameliorate the conditions which force its increase? Where and when do we hear of virtue among men being taught? On the contrary, it is taught—and by physicians—that sexual congress is essential to the health of men. * * * Forced congress is the indirect cause of insanity in both sexes. Men are depleted of their most potent vital force and women are made the victims while their very souls sicken with disgust, and then the world wonders at increasing insanity!

Suppose there appeared among the people of a civilized community a species of wild beast that devoured, not the souls, but only the bodies of women and children. Would not the entire machinery of civilization be swiftly set into action for the destruction of such wild beast? Yet what do we see as a factor of civilization—Christian civilization, too—when admittedly the bodies and souls of women and children are daily sacrificed to the god Lust (Moloch). Not only is no effort exerted to prevent the destruction, but, as I have pointed out, the condition is fortified by men in every possible fashion. Houses of prostitution are licensed; the statute books are blotted by a code providing an "age of consent," a shame to mankind, since the supply for these houses, as shown by Chas. Crittenden in his recent address in Houston, is at the rate of 60,000 girls annually!

I repeat, these facts are the direct and indirect causes of increasing insanity; for the matter of that, I believe them to be the cause of insanity primarily. I believe that were men taught to

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live above the base animal plane, in the wedded estate, dispensing that sweet tenderness the *heart* needs, and without which it dies, their own joys in being and delights in living would not only be heightened to an inconceivable degree, but the fructifying force of love would then promote a sanative condition both physically and psychically whence not only human happiness would spring to brighten the lives of humankind, but that higher, that heavenly happiness whence the soul-being issues would be so regenerated that angles would be born into the earth-life, dowered with strength and love and good, bearing no taint of those dread weaknesses that are the seeds of insanity sown in the mother's womb under the impulse of lust. * * *

Sexuality is a manifestation of divine forces on this plane, and they are meant to lead to higher heights. They *would* so lead, but, perverted, they destroy the fountain of objective being, *i. e.*, motherhood. Motherhood, this heavenly fountain, is thus polluted with over-feeding of lust and under-feeding of love, and the root of

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insanity is planted in the garden of life. Its fruitings are filling such institutions as you preside over, cause the State and nation dreadful losses annually through crime and failure to reach humanity's highest estate; and all through an improper adjustment of laws which are, I believe in general, ignorantly violated, but none the less fatally because ignorantly violated.

Set about *enforcing* restraint,—a better term is "control,"— of the sex forces in men, and there will be less of insanity to deal with. Instead of promoting in every possible way the privileges men deem so very essential to their *health*, castrate, if necessary, men unable to exercise self-control. That would be far more humane than allowing them to run uncontrolled until they land in the asylum and must remain in bodily as well as mental restraint.

The subject is endless, and I'll trouble you no further at this time, but my labors along this line are not finished. I've had my schooling,—indeed, I may well claim a diploma in the school,—and feel I should prove false to my education did I not use it for the amelioration of my own sex, who are the greatest sufferers, and next for the race in general. If you care to hear from me further, you may send a letter to the *Post* to be published in "Letters from the People" on each Monday morning. I'm impressed, however, that you, in kind with men in general, will resent all interference with "marital rights."

Very much in earnest,

"PROSERPINE" (MRS. PLUTOQ.

The Octopus and the Independent Press.

In an editorial on "Another Victim of the Octopus" Dr. Register, of the *Charlotte Medical Journal*, after describing the killing off of a certain journal, says:

"Succinctly and briefly that is the whole situation in a nutshell: the result of the acknowledged policy of the *Octopus*, as Brother Daniel of the Texas "Red Back" has been pleased to term the national organization, to squeeze out the independent journals and to force upon the profession a medical journalism whose very life blood is crushed out, a press which possesses no independence of thought and which in no way represents the great mass of the medical fraternity. Years ago, when the American Medical Association, during the period of its reorganization, was a toddling infant, unable to stand alone, voiceless and helpless, it was largely with the help of the independent medical press of the country that

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THE
Opsonic Theory

Demonstrates the Scientific Value of

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(*Inflammation's Antidote*)

THE resisting power of the body against disease is relative to the opsonic value of the blood and the severity of a localized disease process depends largely upon the retardation of the flow of the blood to that part.

The phagocytes may gather, but unless they receive the full amount of the normal flow with its opsonins, resisting power is lost and suppuration takes place. We must either increase the opsonic index of the blood so that the small amount flowing through the infected part may be of normal opsonic value, or, what is simpler and as effective, dilate the blood-vessels and let the blood, with nature's own method of combating disease, circulate through the area desired.

Heat dilates the blood-vessels, but to be effective it must extend to the periphery of the infected area, when it will not cause suppuration by increasing the bacteria. An antiseptic poultice is the best method of conveying heat. There is but one method of poulticing which commends itself to thinking physicians, and that is with the antiseptic, hygroscopic, plastic dressing—

Antiphlogistine

(*Inflammation's Antidote*)

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this association took its first uncertain tottering steps. Independent journals lent their aid and by their widespread advocacy of medical organization nursed the foster-child until it became a healthy, growing youth. By and by we see the American Medical Association grown to proportions embracing the whole of the United States with a weekly medical journal which is sent to every member of the Association upon the payment of his annual society dues. No longer does this ungrateful child require the kindly care of its foster-mother; having no further use for independent medical journals it turns upon and seeks to devour them, destroy them, force them out of existence.

"No society journal can be untrammelled and in the highest degree helpful in the same sense that independent journals are, for the reason that editors of the former hold their office by virtue of their ability to conciliate, to please the faction which may happen to be in power. Censorship of the press permits the publication of matter—good, bad, or indifferent—which happens not to conflict with the views of the 'powers that be.' Society journals do not correctly represent the whole medical profession, but rather a faction or clique which holds the reins.

"However, while we believe that we have enumerated some of the grave faults of organization journals, what we wished to do was to point out some of the reasons why independent journals find it increasingly difficult to exist. When a physician becomes a member of the American Medical Association he pays his annual dues, amounting to $5. He then becomes a subscriber, without additional expense to the *Journal of the Americal Medical Association,* which comes to him every week. He may also be a member of a State society, which likewise has its own journal. As a member, therefore, of his State society, he is also a subscriber to a second journal, which may come to him weekly, or, it may be, monthly. Again, in a few instances, county societies possess official organs to which members become subscribers by virtue of having joined the society and paid up their dues. Thus the physician gets regularly several journals and the vast majority of doctors could not find time to read more. He finds the society journals are quite as much as he can find time to 'look over.'

"The avowed purpose of the American Medical Association's policy is to so perfect the organization of the whole country that upon joining the county society the initiate at the same time automatically becomes a member both of his State and of the National Associations. Payment of the fees of each of these organizations

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also puts him on the list of subscribers to the several journals of the respective societies. It is also the purpose of the *Octopus*, if this plan of organization succeeds, to have at least every State society establish its official periodical. As this plan is successfully carried out the independent journals find their subscribers falling off, not because they are finding their organization journals better, but because they can not afford and can not find time to read so many. He simply has no choice; he *must* become a subscriber when he becomes a member of the organization [whether he wishes to or not].

"Now, we have no quarrel with organization; it has done more to uplift the medical profession than has any other thing in all time. But it is this system that we condemn. If the so-called society journals were placed on the same footing with the so-called independent journals—allowing a member of the associations to subscribe or not as he might choose—there would exist some element of fairness in the competition.

"Make the society dues and the subscription to the official journal separate and distinct, allow the doctor the privilege of choosing his medical journal, and both can live. Merit should be the test.

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The existence of an independent medical press is the only means by which a healthy balance can be preserved against the autocratic and bureaucratic tendencies of rampant organization, and whether this check is to be thrown off or preserved only the future can decide."

Dr. Register then quotes another writer as follows:

"And do you know that, if independent journalism were non-existent, any physician who dared to criticize or make himself obnoxious to the powers that be, would have a very hard and miserable life of it. He would be unable to have any of his articles, even of a purely scientific character, accepted by any journal; his books and other writings would be unfavorably commented upon or he would be killed by silence. This is not a mere phantasmagoria; I have simply filled in and completed the picture, an outline of which can be seen even now by those of strong discernment. That not a word of criticism of the management, that no expose of machine politics, etc., could ever be published, goes without saying. In short, we would have a medical bureaucracy, strong, irresponsible, unscrupulous and comparable only to the Russian bureaucracy before the advent of the Duma. Wouldn't that be the greatest calamity that could befall the medical profession?"

(Communicated.)

Death of Cullen Andrews Battle of St. Louis.

On the eve of his departure for his Michigan farm, where he had anticipated a season of rest and a little yachting to restore failing health, Cullen Andrews Battle died suddenly in his apartments at Hotel Jefferson at 6:55 a. m. Sunday, March 22. His brother and business associate, Jesse M. Battle, No. 4463 Lindell Boulevard, was with Mr. Battle when he died. Mrs. Battle, who is well known in social and women's club circles, had been resting at French Lick Springs during the week and did not know of the sudden turn in her husband's condition. She returned home that evening.

Cullen A. Battle was president of Battle & Co. Chemists' Corporation, with offices at No. 2001 Locust street, St. Louis, No. 5 Rue de la Paix, Paris, and No. 76 New Bond street, London. His closest associate was his brother, Jesse, who is treasurer of the corporation.

Several months ago Mr. Battle was forced to forego business because of failing health. Wednesday he became suddenly ill in

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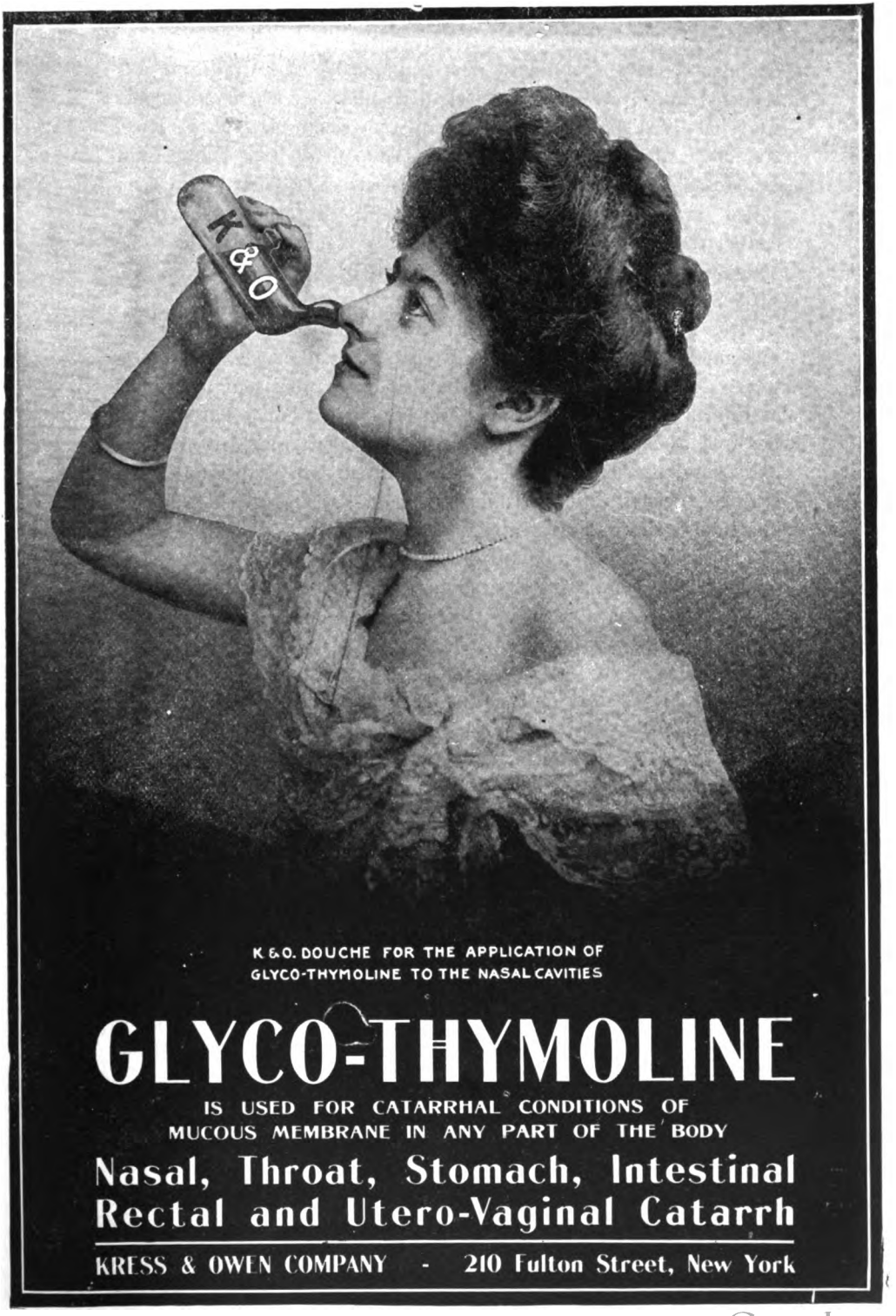
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his apartment and a nurse was summoned. His condition was reported improved until 4 o'clock that morning, when messengers were hastily dispatched for his family physician, Dr. W. F. Kier, No. 3609 Lindell Boulevard. Dr. Kier could not be found, and Dr. Joseph Davie, No. 1204 Chambers street, who had also been called, arrived after Mr. Battle's death. Internal hemorrhage caused the prolonged illness and directly resulted in death. The body was sent to the undertaking rooms of Eberle & Keyes, No. 1108 St. Ange Avenue.

Mrs. Battle, wearied of social duties, had been urged by her husband to take a short rest at French Lick and had been gone a week. Messages telling of Mr. Battle's death were sent to friends at French Lick and Mrs. Battle was summoned home, but she was not told of her husband's death until 5 o'clock that afternoon as her train neared St. Louis. She retained composure until she reached Union Station. Immediately on her arrival at the hotel apartments she was prostrated.

The Battles own a country home at Northport, Mich. The country place comprises a large farm and beautiful home on the water front, with a yacht at their disposal. Mr. Battle spent his summers there, usually leaving the city late in May. On account of his ill health he was preparing to make the trip early this year, and as late as Wednesday night he insisted on reading to his brother a treatise on the merits of fresh country eggs and egg culture.

Mr. Battle was a son of the Rev. Dr. Amos Johnson and Margaret Parker Battle. He was born in Hartford county, North Carolina, May 8, 1848, and educated at the Wilson Collegiate Institute at Wilson, N. C. He began life as a telegraph operator and studied law between the calls of the wire. Later he engaged in the drug business and became a manufacturing chemist. He had been in business in St. Louis since October, 1875. Twenty years ago he married Miss Ida Pugh, of Maysville, Ky.

A sister, Mrs. Joseph H. Foy, resides at No. 2717A Sheridan Avenue. Funeral services were held at 2 o'clock the 24th at the residence of Jesse M. Battle, No. 4463 Lindell Boulevard. Burial was in Bellefontaine Cemetery.

He belonged to the Tuscan Lodge, Ascalon Commandery and Alpha Council and was a member of the Glen Echo and Missouri Athletic Clubs.

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VOL. XXIII. AUSTIN, JUNE, 1908. No. 12.

The publisher is not responsible for the views of contributors.

Department of Public Health.

The Texas Health Officers' Association.

Organized at Corpus Christi, Texas, May 15, 1908.

OFFICIAL REPORT OF THE SECRETARY.

Published exclusively in the TEXAS MEDICAL JOURNAL, and reported by
L. B. Bibb, M. D., Secretary Department of Public Health, Secretary.
W. M. Brumby, M. D., State Health Officer, President.

MINUTES OF MEETING.

CORPUS CHRISTI, TEXAS, May 15, 1908.

Pursuant to call of State Health Officer W. M. Brumby, a large number of physicians in attendance upon the meeting of the Texas State Medical Association, principally county and city health officers, representing a large area of the State, met in Elks' Hall and effected an organization by the election of a President, a Secretary and sixteen Vice-Presidents, one for each congressional district of the State, and the adoption of a Constitution and By-Laws.

Dr. W. M. Brumby, presiding, stated the objects and purposes of the organization to be the better protection of the public health by the enforcement of measures for the prevention and removal of causes operating to cause sickness and death; a co-operation of local health officers with the State officials and with the National health authorities, and a uniform system of vital statistics, inspections and reports.

Dr. Brumby was unanimously elected President. Dr. L. B. Bibb was unanimously elected Secretary. A committee (McGregor, Laredo; Terrill, Galveston, and Young, Austin) was appointed to nominate sixteen local health officers, one from each

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congressional district represented at the meeting, to be Vice-Presidents, and they reported the following:

District No. 1.—Dr. D. J. Jenkins.....Daingerfeld, Texas.
District No. 2.—Dr. Holman Taylor.....Marshall, Texas.
District No. 3.—Dr. B. J. Hubbard.....Kaufman, Texas.
District No. 4.—Dr. W. C. Bryant.....McKinney, Texas.
District No. 5.—Dr. J. H. Florence.....Dallas, Texas.
District No. 6.—Dr. W. C. Blalock.....Kosse, Texas.
District No. 7.—Dr. E. B. Parsons.....Palestine, Texas.
District No. 8.—Dr. J. W. Scott.....Houston, Texas.
District No. 9.—Dr. J. M. Andrews.....Wharton, Texas.
District No. 10.—Dr. E. M. Thomas.....Georgetown, Texas.
District No. 11.—Dr. Marcus Smart.....Eddy, Texas.
District No. 12.—Dr. R. B. West.....Fort Worth, Texas.
District No. 13.—Dr. J. S. Wilkins.....Wellington, Texas.
District No. 14.—Dr. L. G. Wille.....New Braunfels, Texas.
District No. 15.—Dr. W. W. McGregor.....Laredo, Texas.
District No. 16.—Dr. J. W. Blaisdell.....Ballinger, Texas.

The report was adopted and the committee discharged.

The question of electing a Treasurer was discussed, and it was finally agreed that there should be no annual dues or assessments, and no Treasurer was necessary and none was elected.

Every health officer present, whether county or city, reported upon the sanitary condition of his locality, what he and the authorities have done and are doing. [These reports will be published *in extenso* in July number of TEXAS MEDICAL JOURNAL.]

The committee appointed to draft a Constitution and By-Laws submitted the following, which, after reading section by section, was adopted. The committee consisted of Dr. E. B. Parsons, of Palestine; Dr. J. M. Andrews, of Wharton, and Dr. J. W. Blaisdell, of Ballinger.

CONSTITUTION AND BY-LAWS OF THE TEXAS HEALTH OFFICERS' ASSOCIATION.

Article I.—Name of the Association.

The name and title of this Association shall be the Texas Health Officers' Association.

Article II.—Purposes of the Association.

The purposes of the Association shall be to bring into touch with each other all the sanitarians and constituted health authori-

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ties within the confines of Texas, with a view to mutual aid in time of pestilence and emergency; to wider dissemination of knowledge of hygience among the citizens of the State; to further improvement of our local and general health laws, and to more efficient co-operation in the crusade against all communicable and preventable diseases.

Article III.—Composition of the Association.

Section 1. This Association shall consist of members, delegates and guests.

Sec. 2. The members of this Association shall be legally qualified city and county health officers, members of local boards of health, either appointed or elected, members of boards of health of unincorporated towns, sanitarians and others interested in the promotion of public health.

Sec. 3. Guests shall be such distinguished sanitarians or hygienists from without the State who being present are invited to take part in the scientific work of any given session of the Association. Every city, incorporated town, business league or association in the State shall be entitled to one delegate each.

Article IV.—Sessions and Meetings.

Section 1. The Association shall hold an annual session which shall be open to all registered members and guests.

Sec. 2. The time and place for holding each annual session shall be fixed by the Central Executive Committee.

Article V.—Officers.

Section 1. The officers of this Association shall be a President, who shall be the State Health Officer, sixteen Vice-Presidents, and a Secretary-Treasurer.

Sec. 2. These officers, except the President, shall be elected for a term of one year, and shall serve until their successors are duly installed, and in case of the death or resignation of any Vice-President, or the Secretary-Treasurer, the vacancy shall be filled by the Central Executive Committee on nomination by the President.

Sec. 3. The officers of the Association shall be elected by the Association at the close of the annual session, and no person shall be elected to any office who shall not have been a member of the Association since its organization, or at least two years.

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Article VI.—The Central Executive Committee.

Section 1. The sixteen Vice-Presidents, the President and the Secretary-Treasurer shall constitute the Central Executive Committee.

Sec. 2. The Vice-Presidents shall be chosen one from each congressional district, with special reference to his fitness, previous experience and qualifications in matters pertaining to the public health.

Sec. 3. The Central Executive Committee shall transact any and all business that comes up between sessions, shall arrange the program for the reading of papers at each session, and shall have general supervision of the affairs of the Association.

Sec. 4. The Central Executive Committee shall have authority by a two-thirds vote to pass any measure over the veto of the President.

BY-LAWS.

Article I.—Membership.

Section 1. The statement of an applicant that he is a properly and legally qualified health officer in any locality in this State shall be sufficient to admit him to membership, and any objections as to his eligibility must be presented to the Central Executive Committee, and if a majority of same favor his admission he shall be a member.

Sec. 2. Each member in attendance at the annual session shall enter his name on the registration book, indicating the city and county which he resides in, and shall receive a badge, which shall be evidence of his right to all the privileges of membership at that session.

Article II.—Annual and Special Sessions of the Association.

Section 1. The Association shall hold an annual session at such time and place as shall have been fixed at the preceding annual session.

Sec. 2. Special sessions of the Association shall be called by the President at his discretion, or on petition of nine of the members of the Central Executive Committee.

Article III.—General Meetings.

Section 1. The general meeting shall include all registered members and guests, and all shall have equal rights to participate in the proceedings and discussions and, except the guests, to vote

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on pending questions. Each general meeting shall be presided over by the President, or in his absence or disability, or by his request, by one of the Vice-Presidents. Before it, and at any such time and place as may have been arranged, shall be delivered the annual address of the President and the annual oration, and the entire time of the session, so far as may be, shall be devoted to papers and discussions relating to scientific sanitation.

Sec. 2. The general meeting shall have authority to create committees or commissions for scientific investigation of special interest and importance to the Association or the public, and to receive and dispose of same.

Sec. 3. Except by special vote, the order of exercises, papers and discussions as set forth in the official program shall be followed from day to day until it has been completed.

Sec. 4. No address or paper before the Association, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak more than five minutes nor more than once on one subject.

Sec. 5. All papers read before the Association shall be its property. Each paper shall be deposited with the Secretary when read.

Article IV.—Central Executive Committee.

Section 1. A majority of the members of the Committee shall constitute a quorum, and all of the meetings of the Committee shall be open to members of the Association.

Sec. 2. Each member shall give diligent attention and foster the scientific work and spirit of the Association, and shall constantly study and strive to make each annual session a stepping stone to future ones of higher interest.

Sec. 3. It shall consider and advise as to the material interests of the Association and of the public in those important matters wherein it is dependent upon the Association, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in regard thereto.

Sec. 4. It shall make careful inquiry into the condition of the public health in each county in the State, and each member shall keep in touch with the State Health Officer and be prepared to assist him in organizing the health officers of his district with a view to securing concerted action against all pestilential diseases that may visit his district. Also each member shall keep well in touch with local conditions in his district and with the various

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health officers therein, so as to stimulate interest in the promotion of public health.

Sec. 5. It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the Central Committee, and such committees may report to the Central Executive Committee and participate in the discussion thereon.

Article V.—Duties of Officers.

Section 1. The President shall preside at all meetings of the Association and of the Central Executive Committee; shall appoint all committees not otherwise provided, and serve as *ex officio* Chairman of same; shall deliver an annual address at such time as shall be arranged; shall give a deciding vote in case of a tie, and shall perform such other duties as parliamentary usage may require. He shall have the power and authority to veto any measure passed by the Association or the Central Executive Committee, but a two-thirds vote of either body shall override his veto. He shall, as far as practicable, visit the various sections of the State and assist the members in building up favorable sentiment towards sanitation, and in making their work more practicable and useful.

Sec. 2. The Vice-Presidents shall assist the President in the discharge of his duties, and, in addition, shall serve as members of the Central Executive Committee, as set forth hereinbefore.

Sec. 3. The Secretary-Treasurer acting with the Committee on Scientific Work, shall prepare and issue the programs for and attend all meetings of the Association, and he shall also attend the meetings of the Central Executive Committee, of which he is *ex-officio* member, and shall keep minutes of the Association and of the Committee in separate record books. He shall be custodian of all record books and papers belonging to the Association, and he shall provide for the registration of members at annual sessions, and also keep a card index of the members of the Association. In so far as it is in his power, he shall use the printed matter, correspondence and influence of his office to aid the Central Committee in the organization, and improvement of the Association, and in the extension of its power and usefulness. He shall conduct the official correspondence of the Association, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall act as Chairman of the Committees on Scientific Sanitation and on Publication, and shall liberate monthly popular information for the lay press such as is calcu-

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lated to build up public sentiment in the direction of improving the public health.

Article VI.—Committees.

Section 1. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one and chairman, and shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the Association or the Central Executive Committee, or to the provisions of the By-Laws and Constitution. Previous to each annual session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented, which shall be adhered to by the Association as nearly as practicable.

Sec. 2. The Committee on Public Policy and Legislation shall consist of three members of the Central Executive Committee, the President and Secretary. Under the direction of the Association and the Central Executive Committee it shall represent the Association in securing and enforcing legislation in the interest of the public health.

Article VII.—Rules of Order.

The deliberations of this Association shall be governed by parliamentary usage as contained in Roberts' Rules of Order, unless otherwise determined by vote.

The following papers were read:

Commonsense Scientific Quarantine Methods, Dr. C. W. Trueheart, City Physician, Galveston.

Sanitation of Meat Markets, Dr. B. T. Young, Assistant State Health Officer, Austin, Texas.

Needed Reforms in Our Laws on Insanity, Dr. Frank Ross, Assistant City Physician, Houston.

The Compensation of the County Health Officer, Dr. H. F. McCoy, La Porte, Texas.

Elements of Decay in Our National Life (read by title), Dr. F. E. Daniel, Austin, Texas.

Bovine Tuberculosis (read by title), Dr. W. J. Mathews, President City Board of Health, Austin, Texas.

That of Dr. Trueheart appears in this issue. The others will be published exclusively in the "Red Back" in July, August and September numbers.

The following resolutions were adopted:

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MEMORIAL TO THE TEXAS STATE LEGISLATURE.

"WHEREAS, It is an established fact that tuberculosis in its many forms and stages is found among the inmates of the State institutions and little effort at segregation is possible to be made whereby the unfortunate victims might be benefited by appropriate treatment or prevent their becoming a menace to the health of others, and

"WHEREAS, The disease is fast becoming known as a poor man's disease because of his inability to procure proper treament, diet and climate, and because of his inability to protect his family against the infection—partly from his own environments and partly to his gradually becoming inured to his disease and to his condition in life—want of hope and lack of intelligent training.

"WHEREAS, Our climate, pure atmosphere and maximum of sunshiny days is attracting tubercular invalids from other States, and many are in indigent circumstances and a charge on the charities of an already burdened community—a further menace.

"WHEREAS, Many other States have already awakened to a sense of their responsibility, and have provided sanitoria for their indigent tubercular, thereby lessening the danger of infection to others, and urging Legislatures and philanthropists to lend aid to those unable to assist themselves, and

"WHEREAS, Believing as we do that all contagious and infectious diseases are preventable and amenable to treatment, and, furthermore, that it is incumbent upon a prosperous and enlightened State like this to care for its unfortunates, not only from a humane standpoint, but with a view of protection to others, and

"WHEREAS, To sum up in a word the sanatorium

"1. Relieves the State of its present responsibility in caring for its charges who by force of circumstances are penned up together to contract diseases possible to prevent.

"2. It offers the invalid the most practical method which under favorable conditions would cure or arrest disease and at the same time acquire hygienic education in its prevention.

"3. It relieves the community of one more nidus of infection.

"4. A valuable educational factor in the care and prevention of the disease.

"5. A definite and important place for scientific study and investigation of the disease and its complications, which can scarcely otherwise be obtained. Therefore, be it

"*Resolved*, That the members of the next Legislature separately and collectively be requested to make an appropriation of not less

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than $100,000 for the construction, establishment and maintenance of a sanatorium for the care and treatment of the State's tubercular patients. Be it further

"*Resolved,* That in order that an influx of such immigration from other States does not occur and fill such institution that one of the requirements for entrance be that the applicant shall have been a *bona fide* resident of this State for a period of three years; and be it further

"*Resolved,* That this memorial be presented to the next Legislature by a committee from this body appointed by the Central Executive Committee of this Association."

The following is a list of members of the Texas Health Officers' Association signing the register at the first meeting:

LIST OF MEMBERS.

Stephen M. Jordan, County Health Officer, Liberty, Liberty county.

M. P. Smart, City Health Officer, Eddy.

G. P. Day, City and County Health Officer, Madisonville, Madison county.

Benj. F. Gibson, Prison Physician, Huntsville.

M. F. Cox, County Health Officer, Canton, Van Zandt county.

L. B. Bibb, Quarantine Officer, Pass Cavallo.

B. T. Young, Assistant State Health Officer, Austin.

C. L. McClellan, City Health Officer, Rockport.

F. A. Pierce, County Health Officer, Ferris, Ellis county.

E. B. Parsons, County Health Officer, Palestine, Anderson county.

T. W. Moore, City and County Health Officer, Seguin, Guadalupe county.

J. H. Florence, Quarantine Officer, Galveston.

D. M. Stewart, County Health Officer, Canyon City, Randall county.

J. W. Blaisdell, City and County Health Officer, Ballinger, Runnels county.

Oscar D. Rodney, City Health Officer, Mt. Calm, Hill county.

Albert H. Mitchie, City and County Health Officer, Childress, Childress county.

Wm. Veazey, City Health Officer, Van Alstyne.

A. C. Cates, Correspondent. General Sanitarian, etc., Crowell.

J. O. Brockman, County Health Officer, Brackenridge, Stephens county.

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J. M. Still, County Health Officer, Kemp, Kaufman county.

W. A. Wills, City Health Officer, Lancaster.

L. G. Wille, City Health Officer, New Braunfels.

R. B. West, County Health Officer, Fort Worth, Tarrant county.

H. J. Hamilton, U. S. P. H. and M. H. S., Laredo.

J. G. Coleman, City and County Health Officer, Coleman, Coleman county.

B. A. Swinney, County Health Officer, Newton, Newton county.

J. M. Andrews, County Health Officer, Wharton, Wharton county.

A. B. Gardner, City Health Officer, Denison.

B. J. Hubbard, City Health Officer, Kaufman.

W. W. Magregor, City and County Health Officer, Laredo, Webb county.

J. F. Corry, County Health Officer, Rockwall, Rockwall county.

R. C. Hall, City Health Officer, Marshall.

R. W. Skipper, City Health Officer, Lovelady.

J. D. Stocking, County Health Officer, Clarendon, Donley county.

W. A. Warner, County Health Officer, Claude, Armstrong county.

W. E. Lowry, Quarantine Officer, Laredo.

T. J. Turpin, County Health Officer, Corpus Christi, Nueces county.

W. C. Bryant, County Health Officer, McKinney, Collin county.

W. C. Blalock, County Health Officer, Kosse, Limestone county.

E. S. Cox, County Health Officer, Galveston, Galveston county.

J. Holman Taylor, County Health Officer, Marshall, Harrison county.

J. E. Gibson, City Health Officer, McKinney.

J. G. Smith, Quarantine Officer, Velasco.

C. H. Reagan, County Health Officer, Oakville, Live Oak county.

E. M. Thomas, County Health Officer, Georgetown, Williamson county.

S. B. Maxey, County Health Officer, Angleton, Brazoria county.

H. Leonards, County Health Officer, New Braunfels, Comal county.

E. E. Ledbetter, City Health Officer, Tioga.

J. S. Wilkins, County Health Officer, Wellington, Collingsworth county.

T. Shearer, County Health Officer, Wallisville, Chambers county.

J. B. DuBose, Assistant County Health Officer, Humble, Harris county.

M. L. Gunn, County Health Officer, Miami, Roberts county.

W. M. Brumby, State Health Officer, Austin.

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James J. Terrill, Correspondent, General Sanitarian, etc., Galveston.

H. F. McCoy, City Health Officer, La Porte.

J. H. McCracken, County Health Officer, Mineral Wells, Palo Pinto county.

L. Coons, County Health Officer, Wichita Falls, Wichita county.

L. S. Johnston, City Health Officer, Atlanta.

E. L. Sharpe, County Health Officer, Pleasanton, Atascosa county.

M. J. Phenix, County Health Officer, Colorado, Mitchell county.

F. E. Daniel, Correspondent, General Sanitarian, etc., Austin.

A. C. Cates, County Health Officer, Crowell, Foard county.

D. J. Jenkins, County Health Officer, Daingerfield, Morris county.

C. W. Trueheart, City Health Officer, Galveston.

C. O. Bryan, City and County Health Officer, Center, Shelby county.

J. W. Hargus, County Health Officer, Cotulla, La Salle county.

N. W. Gustine, County Health Officer, Barstow, Ward county.

J. A. T. Page, Correspondent, General Sanitarian, etc., Falfurrias, Starr county.

J. O. Matthews, City Health Officer, Howe.

P. J. Shaver, Quarantine Officer, El Paso.

Jas. A. Hill, County Health Officer, Groveton, Trinity county.

F. B. Seymour, County Health Officer, Beeville, Bee county.

Sig Burg, City Health Officer, San Antonio.

D. Berry, County Health Officer, San Antonio, Bexar county.

Ray B. Wright, County Health Officer, Carrizo Springs, Dimmit county.

E. A. Johnson, Correspondent, General Sanitarian, etc., Amarillo.

The meeting adjourned to meet again at Galveston in May, 1909, two days prior to the annual convention of the State Medical Association, and subject to call of the President *ad interim*.

L. B. BIBB, M. D., Secretary.

The following paper was read and ordered published in the "Red Back":

Commonsense Scientific Quarantine Methods.

BY C. W. TRUEHEART, M. D., GALVESTON.

There are quarantine methods held to be in accordance with common sense, but lacking in scientific demonstration and accuracy,

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and methods passing for scientific that are sadly at variance with common sense.

Certain well-established facts, if rightly considered and duly weighed, can scarcely fail to materially modify the views of intelligent observers as to the safety, necessity and expediency of material changes in prevailing quarantine methods—changes that would work valuable relaxation in some vexatious, costly and really unnecessary obstructions and restrictions now imposed upon commerce at Texas ports.

To justly appreciate the correctness of this proposition and the legitimacy and force of the conclusions sought to be established in this paper, the following facts should be steadily borne in mind:

1. That the female Stegomyia fasciata mosquito, when infected by biting a yellow fever patient within seventy to one hundred and twenty hours after the inception of the disease, and after the lapse of eleven to eighteen days, the period required for the yellow fever materies morbi to undergo in the mosquito certain developmental changes is, absolutely and solely, the only agency by which the disease can by any possibility be conveyed.

2. That that pernicious old notion that yellow fever is liable to be carried by fomites, or to be communicated to a non-immune by contact with a case of the fever has been conclusively disproved.

3. That about three days after the inoculation of a non-immune person by the bite of the infected female Stegomyia fasciata mosquito is the usual time for the disease to develop.

4. That the elaborate and extended series of most scientifically and carefully conducted, practical experiments, carried out in the vicinity of Havana in 1902 by the lamented Walter Reed and his able co-workers; and since then by Surgeon Gorgas and numerous other investigators in different localities, have all demonstrated, beyond the question of a doubt, the absolute correctness of "the mosquito theory"; indeed, it is a theory no longer, but one of the most thoroughly well-demonstrated and reliable facts in the whole realm of modern scientific investigation and discovery.

5. That the complete and systematically maintained extermination of the Stegomyia fasciata mosquito really constitutes the whole gist, the *sine qua non,* in dealing with the vexed yellow fever question and in the carrying out of efficient quarantine measures for the protection of the public with least interruption and injury to commerce, maritime or inland. That with this species of mosquito extinct the dreaded disease is robbed of its dangers and its terrors.

6. That this mosquito, being domestic in its habits, just as

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the barnyard fowl is a domestic bird, its breeding place not being in marshes, but almost exclusively in the vicinity of human habitations; unlike the Culex variety, is not migratory, but sticks to the locality where hatched, this all conduces to rendering it more ready for access and extermination than other species. That its extermination can be achieved and maintained and yellow fever thereby banished from the locality is a fact that has been demonstrated time and again. In Havana, for instance, where the disease has held sway the greater part of every year for one hundred and fifty years uninterruptedly, by virtue of mosquito extermination during the several years that the United States military authorities had control of sanitary affairs there, the fever was entirely stamped out, and that mosquito being extinct cases of the disease introduced from other places were cared for without spread of the malady. Similar results have also been secured by numerous other sanitarians in other localities.

7. In Galveston, too, by dint of cistern screening, treating with crude carbolic acid all cesspools in the unsewered districts, all containers of water held on the dock fronts, cotton presses, yards, etc., for fire extinquishing purposes, the yellow fever spreading mosquito has been practically so completely exterminated that numerous instances have occurred during the past three or four years when cases of the fever introduced here have been conveyed through the city in screened ambulance and treated behind screens at hospital; in hospital these patients were cared for by non-immune physicians and nurses and the medical students freely admitted to bedside clinics, and that, too, without spread of the disease or creating anxiety or alarm among the people.

In short, it has been demonstrated that the established and systematically maintained extermination of the yellow fever spreading mosquito is the only measure really required to enable sanitary authorities to safely deal with yellow fever on shipboard or on shore. It stands to reason, too, that Galveston or any other port which has ridded itself of that mosquito is, in common fairness entitled to be extempted from quarantine restrictions demanded where such mosquito extermination has not been effected.

It is self-evident, I contend, that at Galveston or any other port where this mosquito is extinct it is really unnecessary and an inexcusable hardship to detain at quarantine grounds ships from south of the 25th degree of north latitude, or from places suspected of or even known to be infected with yellow fever longer than is required to carry out quarantine measures on the following plan:

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Immediately on the arrival of such ships, crew and passengers to be mustered and while the ship's manifest is being verified, temperatures, etc., taken cognizance of, all compartments of the vessel to be promptly and thoroughly fumigated so as to effectually destroy all mosquitoes aboard. Any person with suspicious symptoms to be cared for in a screend quarantine hòspital, all the passengers to be held in quarantine detention quarters for six days from the completion of the fumigation. But the ship, with a trusted guard aboard to prevent the crew from leaving the vessel during the six days, to be allowed to proceed to the wharf without delay and discharge and take on cargo, etc. During this time the temperatures of the crew and passengers to be taken twice daily and all hands kept under close surveillance of a quarantine physician. Should cases of the disease occur on the ship they could be transferred in a screened compartment on the quarantine launch to the quarantine hospital, or in a screened ambulance, as has been done many times in the past four years, to one of the shore hospitals.

In case of steamers laden with fruit, or other perishable cargo, where the vessel has been reliably fumigated at port of departure, the same plan could be observed, except the omission of the fumigation on arrival.

This could all be carried out without creating alarm among the people and without danger of spreading the disease. With this plan faithfully observed as to passengers and crew there would be no danger of communicating the disease to the people of the port or to interior localities, even though the latter should be lax in the extermination of the mosquito.

To carry out such a quarantine, of course, detention quarters and an up to date hospital building would have to be provided at State quarantine stations. It can not be denied that without such equipment at the stations our Texas quarantines are a veritable travesty on up to date civilized methods of dealing with that all-important governmental function, the preservation of the public health and the protection of life, liberty and property.

The site of the present dilapidated old shack of a quarantine building at Galveston is a reproach and disgrace to our State; having scanty space and hemmed in as it is on all sides by Federal belongings and easily accessible to all comers, it is quite impossible of that isolation so necessary to a quarantine station and is, in point of location and equipment, quite unsuited to the needs of Galveston Pass, the great maritime gateway to Texas.

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The north side of the channel, or on Bird Island Reef in Bolivar Roads, is really the logical location for the quarantine station.

The wonder is that our State Health Officers and local quarantine officers have been able to do as well as they have with such utterly inadequate equipment and facilities. It will certainly be a great oversight if the next Legislature fails, as did former Legislatures, to make adequate appropriations for quarantine purposes.

If Texas can not afford, or is not willing to conduct quarantine at her seaports on a plane in keeping with the vital importance of the interests involved, then the work should be turned over to the United States Marine Hospital Department. The State, in that case, maintaining only quarantine observation stations at its seaports.

As to quarantine charges, the Federal quarantine authorities exact no charge for inspections or fumigations. The great State of Texas ought certainly to be able to do as much for protecting the health and lives of her people and fostering their commercial transactions. It is a measure of public protection. The benefits are to our people, not to the ship owners.

Because such exactions are imposed by other States, European or American, is no just reason for Texas doing it. It is a stupid relic of barbarism and should be abolished at once and forever by an enlightened people.

The State should certainly make no charge for inspection and if anything for fumigation only the wholesale price of the stuff used should be required.

The notions (as I once heard a prominent man express it) "that those quarantine charges come out of the coffers of the bloated ship owners" is erroneous. The broker who charters the ship puts up the money, it is true, but it ultimately comes out of the pockets of our own people. In case of the ship bringing in imports, the consumer pays them; with the ship carrying exports, the farmers and other producers pay the same. In other words, these quarantine charges are simply absorbed into the ocean freight rates, which, of course, are in the end paid by our own people.

Musca Domestica in Tuberculosis.

BY THEO. Y. HULL, B. S., M. D., SAN ANTONIO, TEXAS.

In one of the larger cities a few years since the people were considerably agitated over the discovery that danger lurked in the bright red apples, temptingly displayed to attract the school chil-

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dren by the curbstone merchants. It was found that one of these who had daily purchased fruit from a push-cart vendor had contracted a much-dreaded malady. The origin of the infection, on investigation, was clearly proven. I have seen negro hucksters taking fruit from a room in which a child lay dangerously ill of diphtheria to dispose of it upon the streets. We are most of us familiar with the nauseating practices of the "banana man," who, for want of a better place, deposits the unripened fruit in the putrified atmosphere of his bedchamber to mature and mellow. But it remained for one of the great markets in our Capital City—one of the most sanitary cities in the world—to most forcibly present to my mind the potency of the common house fly—musca domestica—as an agent in the dissemination of bacteria pathogenic to man.

On this particular occasion I had entered one of the large markets for the purpose of ordering the daily meat supply, etc. These markets are usually kept in a reasonable state of cleanliness but not always strictly sanitary. As I approached my point of destination I noticed the proprietor of a neighboring stand coughing violently and expectorating freely. At the same time I caught sight of quantities of fresh meat exposed for sale covered with flies. It immediately occurred to me that I had no desire for meat that day, and I practiced strict vegetarianism for many hours thereafter. The possibility of particles of sputum being transported from one stand to the other was too great. At that time the general public was not so enlightened on the subject of bacteriology and the possibility of food infection in that way as in these days of war upon all kinds of micro-organisms.

It is not altogether impossible now to see large quantities of meat and other articles of food, raw and cooked, in the markets and on the restaurant counters exposed to the possibility of contamination through this same agency. Many of our cheap eating houses are absolutely filthy in this respect. The markets are not fly proof, neither are the meat blocks aseptic, notwithstanding the reported use of antiseptics in cold storage plants. The exposure of food materials to the immediate inspection of the would-be purchaser seems a necessity, yet the distance from the open street, where all may and many do expectorate freely, the refuse box and the sawdust covered floor does not preclude the danger of contagion being imparted in this way. A little reflection along this line while not altogether cheerful and appetizing may be profitable. It may cause us to think of some things which, because common,

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are not thought to be sources of evil. It may also cause us to wish that we might breathe filtered air, drink distilled water and certified milk and eat superheated food kept under aseptic conditions and served on sterilized dishes.

All are familiar with the crusades against the mosquito, another member of the same order, diptera, and all are agreed, save a few doubting Thomases, as to the necessity of limiting its field of action. The discovery of the anopheles as the active agent in malaria, the stegomyia fasciata in yellow fever and the high probability that dengue is due to a similar species, has stimulated the study of these and like agents as the source of infectious diseases. The knowledge that the stegomyia acts as a perfect incubator and after the twelfth day is capable of distributing its culture products for nearly two months to all susceptible callers, has led to the belief that other insects of the same order may in a like manner be prolific dispensers of evil.

A similarity in the gross anatomy of the musca domestica, its lowly origin, and its disgusting habits lends probability to its being a potent factor in the distribution of disease germs. If one will take the trouble to place the head of a common house fly under the microscope, maynifying it not to exceed 105 times, and examine the mouth organs with their hairy appendages, he will be struck by the perfect adaptability of these parts to gathering up and retaining particles of sputum and other germ-laden matter. The hairy legs and feet show the same perfect adaptation to purpose, and many particles of matter may be seen hanging to them. Now, if one takes a small particle of the sputum, not larger than a pin head, from some case of consumption, and prepares it in the usual manner to bring out the bacilli and cocci, he may learn another striking lesson. This small particle of sputum when properly spread on a cover glass will extend over an area one-third inch in diameter. Placing the preparation under the microscope and using an oil immersion lense capable of magnifying one thousand diameters attempt to count the tubercle bacilli and other pathogenic bacteria. I have prepared slides in which the tubercle bacilli were more numerous than the traditional "hairs of the head," simply countless, and streptococci and staphylococci and influenza bacilli a hundred to one. This is a "mixed infection in which the patient often expectorates several ounces daily. The particle examined was only of pin-head dimension. Remember the myriads of flies everywhere.

Just what takes place in the alimentary canal of the fly we do

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not definitely know, but this we do know, that the digestive ferments of that canal are not strong enough to destroy many species of pathogenic bacteria. Whether there is or is not an actual increase in their numbers during the interval between ingestion and egression is not positively known. That the dejecta of flies contain numerous virulent bacteria has been proven beyond dispute. This fact is all important. It is our main contention.

As to the habits of the house fly, it is largely a scavenger. Wherever there is filth or offal or decomposing matter it seeks its food and deposits its eggs. The filth of the barnyard, the most nauseating deposits of the street and the choicest food of the table are each tempting items on its daily menu. The musca, like many other members of the numerous order of diptera, have a great fondness for sweets, but do not disdain to help themselves to the oatmeal, the cream cheese, the cold meat, the pitcher of milk or any other dish the board may afford. Its activity is ceaseless. Its appetite is enormous and not at all particular. Its social qualities are of high order; in other words, as most politicians and some physicians understand it, a "good mixer." All day it plies its vocation with tireless energy, now in the stable, now in the sick room, and now taking a sip from the glass of milk you were drinking, or helping itself to the soup and the meat, the pie and the cake you ordered for dinner. Into the cellar and pantry, into the kitchen and dining room, wherever the odor of food attracts it goes and deposits its germ-laden dejecta.

Let us now look at this subject from another standpoint. In all probability a tuberculosis census properly taken would reveal a million cases in the United States. Nearly one-half of this number may be called "consumptives," that is, those who have passed into the later stages of the disease which usually lasts from two to three years, during which time expectoration is free. Statistics show that about 160,000 die annually from this one cause. This is, in all probability, much less than the actual number. Again, the carelessness of invalids suffering from chronic diseases is proverbial. Sometimes it is due to ignorance and sometimes to indifference. But from whatever cause the fact remains that a proper disposition of the sputum, the urine and the feces of consumptives is not made. The average invalid seems to know very little concerning such sanitary matters, and in some districts it is not an uncommon thing to see these thrown upon the ground at no great distance from the house. These invalids are simply untrained and know nothing of the dangers of reinfection to them-

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selves or of infection to others. In not a few instances I have found them ignorant of the true nature of their malady, and of course in such cases we do not expect much care. Some I find swallowing large quantities of sputum daily with the consequent loss of appetite and indigestion. In these cases and in cases of intestinal tuberculosis, the feces will contain large numbers of virulent bacilli. In those cases in which lesions exist in the urinary tract large numbers may also be found in the urine.

Many patients I find provide no proper receptacle for the sputum. An open tin pail or can containing a little water, with sometimes a dash of carbolic acid, but often without, is commonly used when the expectoration is profuse. Others spread a piece of newspaper upon the bed or carpet, particularly at night, to serve as a cuspidor. Bits of old cloths often answer the purpose, sometimes the stove hearth or open grate, and oftener still the open window. It is common to see the sick expectorating in the street and near the steps of the corner grocery store. The markets and groceries seem to attract strongly the ambulatory cases. In over one-half the cases a sanitary spitting cup is unknown, and the use of one is openly resisted by not a few. All this, of course, affords the musca domestica a rare opportunity for feasting.

For many years the medical world has looked upon tuberculosis as a "dust borne disease." It has looked upon the infection of the respiratory tract as direct through the inhalation of the bacilli with the air. To such an extent was this belief held that very little attention was given to any other possible channels of infection. That infection does take place through other channels is now an established fact. The investigations of the last few years have been fruitful, and we have come to know that the stomach acts as a receptacle for vast numbers of bacilli and that very many people are infected in this way. Much of the dust inhaled with the air lodges on the moist walls of the pharynx and is ultimately washed into the stomach. Tuberculosis in children may be due largely to drinking the milk of tuberculous cows, though the identity of human and bovine tuberculosis is somewhat in doubt. Lately it has become evident that some contract the disease through eating diseased meat. A result of this knowledge is seen in the recent and most general agitation for a pure milk supply and to prevent the sale of diseased meat in some cities. Now when we fully realize that we can contract tuberculosis through eating contaminated food we are in a position to see the necessity for some very simple sanitary measures.

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As I have said before, the common house fly is a very social creature and a good mixer and not at all inclined to confine his operation to a single room or in fact to a single house. It is possible for it to reinfect a tubercular person and every other member of the family and also the neighbors of such an invalid. Probably very little thought has been given to this danger of infection. My own observations lead me to think that no thought is given to it. The general ignorance of the laity in such matters is lamentable. They have learned the danger of mosquitoes disseminating malaria and yellow fever in many districts, but they have given very little thought to so common a thing as the ordinary house fly and its possibilities for doing evil.

This source of danger of contagion is no illusion. Numerous virulent bacilli have been found in the dejecta of flies. In a few hours after feeding upon tubercular sputum they begin to deposit bacilli everywhere, on the ceiling, in the food and not unfrequently in the mouths and nostrils of sleeping children. For the sake of illustration we will suppose a very common situation to exist. Across the street lives an invalid in the last stages of consumption. The need of fresh air is apparent. The doors and widows are wide open. The house is not screened. The patient uses an open receptacle for the sputum, which is copious. By and by, a neighbor opposite prepares a tempting supper. The aroma of various cooked dishes spreads abroad. In short order musca domestica being entirely free to go where he lists, desires a change of diet. The tempting odors are too tempting to go uninvestigated. He is probably somewhat thirsty and takes a sip of milk here and another there and tries first this dish and that dish while the busy servant is thinking of other things or cares not. It is possible for a few flies in this way to infect a whole family in which no sickness now exists. By and by that happy circle will be broken, for a foe has entered unobserved. Then, when too late, the common cry, "how was it contracted?" They are sure it is not hereditary in the family. The answer is not difficult to find. Oh, thoughtless ones and indifferent ones, think and care just a little! There are other bodies that can suffer and other hearts that may break. Ignorance will not always excuse and indifference is damnable.

How can this danger of infection be prevented? It will not be a very difficult matter. Physicians have it largely in their power to accomplish it. A campaign of education is necessary. It is now going on and school children are being taught things of much importance. The sick of tuberculosis must be made to know the dan-

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ger in using an open receptacle for the sputum, that danger also lies in the feces and urine, that all of these must be destroyed with proper germicides and that a sanitary spitting cup is an absolute necessity. This should be insisted upon by every physician. It is one of the duties he owes the community. There is absolutely no excuse for sputum being accessible to flies. As a further protection every house should be carefully screened and flies excluded. Again, flies should be exterminated as far as possible. This may seem like attempting the impossible, but much can be done that is not done. It was once thought impossible to exterminate the mosquito, but a little wholesome brushing up and cleaning up has worked wonders. Likewise a few simple sanitary measures may prove a revelation.

A small thing, because unusual, may create a great commotion, while a great thing, because common, produces no commotion whatever. A great city was greatly agitated over a single case of syphilis contracted in an unusual way, but it slept on undisturbed by the fact that a *hundred thousand* cases of tuberculosis existed within its limits. A single case of yellow fever in New Orleans will receive prompt attention from every newspaper in the United States, and the whole machinery of the government will be put in operation to corral it, while the annual death of over two hundred thousand victims of the "white plague" fails to arouse even passing comment. The condition of the public at large in reference to tuberculosis is apathetic, and apathy is not indicative of progress.

Now let us review briefly the local condition. In every city the fly and dust nuisance has a direct relation to the exposure of food materials along the streets and in the markets. If it be true that even a small per cent of the cases of tuberculosis owe their infection to the consumption of infected food, then the question of the sanitary condition of our grocery stores, butcher shops and markets becomes of serious importance, for the eating of infected meat, the drinking of infected milk and the consumption of fruits that have been exposed to the flies and dust of the street may be fraught with serious consequences.

The exposure of food material, especially that which is to be eaten without further cooking, to the possibility of contamination should be prohibited by the most stringent health regulations.

Recently, in order to determine what precautions were taken by dealers in articles of food to preserve the same in a wholesome state and to prevent their contamination from dust and flies, I made a short tour of inspection. In all I noted the condition of

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some fifty places where apples, oranges, berries, cakes, candies, etc., were exposed for sale. I also noted the condition of the streets and the evidence of expectoration upon the sidewalks. In very few places did I find any attempt to exclude either flies or dust, and most of these were very defective. In over twenty places fruit and berries were exposed to nearly everything that came along, including dogs. In a distance of less than two blocks I counted twenty-five places where persons had recently expectorated upon the sidewalk near the building line. Much of this had the appearance of tubercular sputum. The streets were extremely dusty and the dust was in a constant state of disturbance by the wind, street cars and automobiles.

Now I will lay down this proposition: First, given fruit and berries exposed for sale, and masses of tubercular sputum at no great distance upon the sidewalk; second, innumerable flies and clouds of dust from street cars, automobiles and wind. What will be the result? Will the fruit and berries be free from all danger of contamination?

I asked one groceryman if he had any berries that were not exposed. He replied, "No," and added that I could wash them. He might have also added that I could cook them. The fact, however, remains that most berries are eaten raw and many do not even wash them, and they would not be apt to wash off particles of tubercular sputum if they did. This material dried upon a smooth surface can scarcely be removed with any amount of washing.

Now let us view this from another point of view. We live in a city in which the death rate from tuberculosis is the second highest in the United States (567.7 per 100,000, Cen. Rep., 1906), and her nearest rival for third place is nearly 40 per cent lower.

With this number of sick people in our midst, a warm climate, and not the best of sanitation, what is the danger to ourselves and our children? The same question may be asked in nearly every city in Southwest Texas.

The public looks to the medical profession for advice in sanitary matters, even though it does not follow it. What shall our advice be in matters of this kind?

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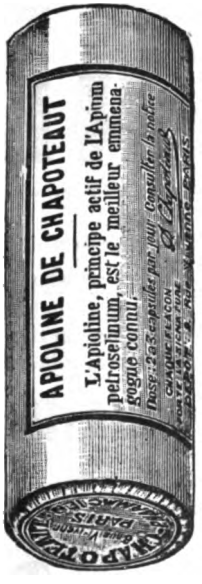

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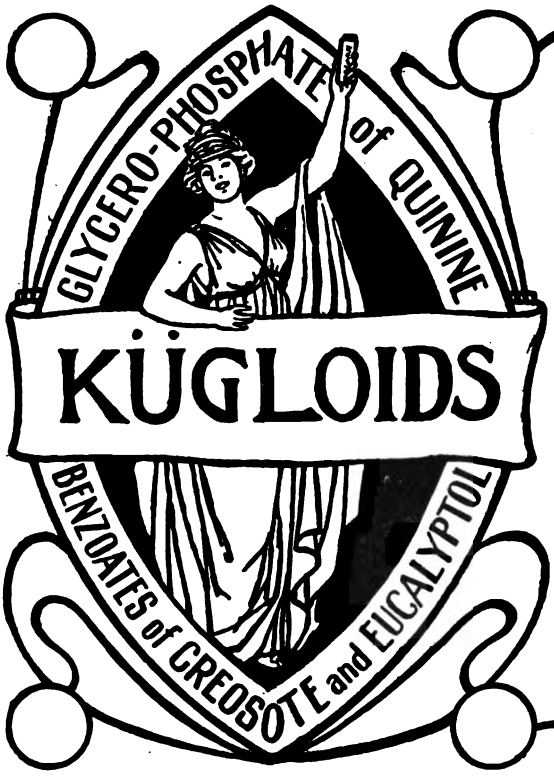

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EDITORIAL DEPARTMENT.

Echoes of the Corpus Christi Meeting.

There were over five hundred in attendance at the fortieth annual meeting of the Texas State Medical Association, and some fifty members were accompanied by their wives, sisters or daughters. It was the most enjoyable meeting ever held.

Beautiful Mrs. Wagstaff, of Corpus Christi, sang divinely.

The fish-fry on the beach was an epoch-marking event. Spanish mackeral, trout, redfish, flounders, cooked to tempt the epicure, were served with smiling grace by beautiful women.

Senator Willacy delivered a stirring address of welcome with his accustomed elegance and eloquence.

The presidential address of Dr. Cantrell was fine.

Dr. M. Duggan, of San Antonio, read an unusually strong and interesting paper on "The Social Evil."

The social functions were high class and much enjoyed—by the visiting ladies especially.

Harmony prevailed. Everybody seemed to be glad. Corpus Christi is a most delightful place.

Dr. H. W. Cummings, of Hearne, was elected President, defeating Knox, of Houston, by one vote. Cummings rose from the ranks and represents the "boys from the forks of the creek."

I do not enlarge upon the C. C. meeting because full proceedings and all details will be published in the Association's official journal, and most of my Texas subscribers, at least, get it.

Dr. J. M. Inge, of Denton; A. Garwood, New Braunfels, and Wood, of Hubbard, are the Vice-Presidents.

An Association of Health Officers was organized the day after adjournment of S. M. A. It is not an adjunct of the State Association,—has no connection with it. Dr. Brumby, State Health Officer, is President. There are sixteen Vice-Presidents, one for each congressional district. A Constitution and By-Laws was drawn up by Drs. E. B. Parsons, of Palestine; J. M. Andrews, of Wharton, and Young of Austin, and adopted. About one hundred members were enrolled. A full report appears in this issue. The several papers read will appear exclusively in the "Red Back."

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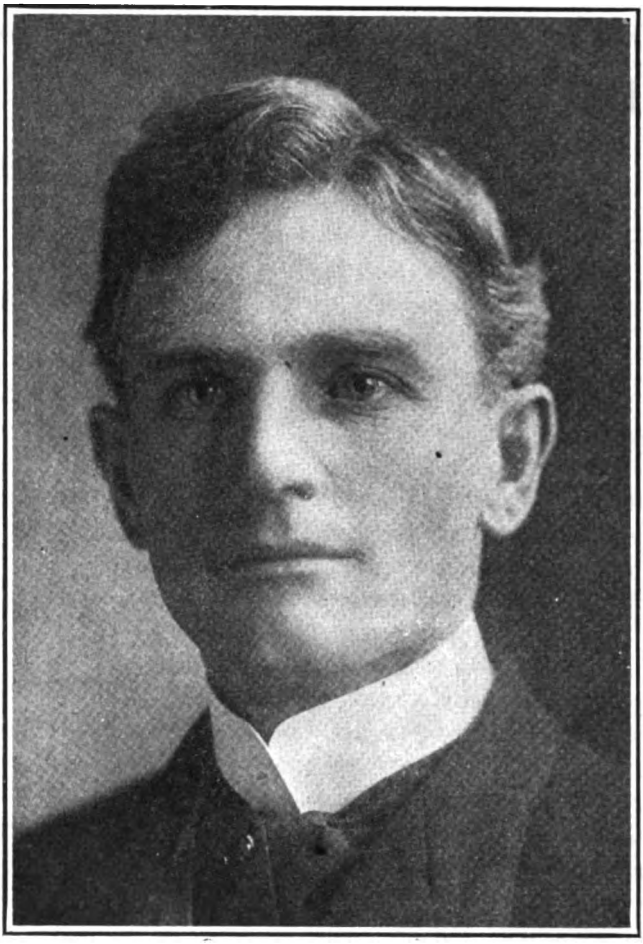

DR. H. W. CUMMINGS, HEARNE, TEXAS,
President Texas State Medical Association, 1908-09.

Hatch Whitfield Cummings was born in Aberdeen, Miss., September 14, 1869, and was educated in the Mississippi public schools, receiving his M. D. degree from the Medical Department of the University of Tennessee, class 1892. He came to Texas in 1892 and began the active practice of medicine, which he has continuously followed to date. He organized the Brazos Valley Medical Society in 1894, and was its first President. He is a member of the Robertson County Medical Society, State Medical Association of Texas, and American Medical Association; Councilor (Texas State Medical Association) of Eleventh and later of Twelfth Districts. He was president of Hearne board of school trustees for seven years, and is vice-president of the Planters and Merchants State Bank at Hearne, and surgeon for the H. & T. C. R. R. and also I. & G. N. R. R., etc.

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The "Red Back" for May created a sensation on account of two remarkable articles in it, "Social Hysteria," by Lydston, and a muchly-married woman's letter by "Mrs. Pluto." The letter will be answered in the "Red Back."

No Race Suicide in Texas.—Dr. Wilkins, of Wellington, in the Panhandle, reported that he and the two other doctors in his town caught three pairs of twins one night, and it was not a good night for twins, either. Dr. Holman Taylor, of Marshall, saw his ante and called him. He reported that he and his father caught six (single shots) in one night.

Galveston was selected as the next place of meeting, May, 1909, defeating Dallas, 16; Amarillo, 16; Galveston, 44.

Apropos of Galveston, in response to numerous requests the following, reproduced from memory, is published in the "Red Back":

When the House of Delegates came to select the place of meeting for the next annual convention, Dallas and Galveston, Waco and Amarillo were put in nomination. Dr. Karnes, of Dallas county made a ringing speech for Dallas, in which, after picturing in eloquent language the many inducements held out by that beautiful city, said that Dallas was the head of navigation and in telephonic communication with the moon,—a sentiment that was much applauded. Dr. Daniel, of Austin, arose and said:

"I file a brief for Galveston, and am here to present the claims and advocate the cause of the city by the sea.

"This Association has ever shown a regard for established precedent and the square deal. We have for many years swung around in a circle of seven points, meeting in each of the larger cities once in seven years. Eliminating Waco and Amarillo as unavailable, as I understand, Galveston comes in regular order and is *entitled* to the meeting. We have met in Dallas since we met in Galveston, and fair play demands that we now accept her courteous and cordial invitation. We met there in response to her invitation at a time when she was not yet even fairly convalescent from the cruelest blow ever struck by the forces of nature to a slumbering and unsuspecting people. We met there when she was paralyzed, because, even then, she desired to testify to the world and to the medical profession especially, her appreciation of the

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generous and tender sympathy that poured in upon her from all parts of this great State, and she did her best to entertain us and make us glad. And she succeeded,—to our satisfaction, but not to hers. Crushed and bleeding, helpless and forlorn, like outraged Innocence, she lay. But, thanks to the courage and virility of her splendid citizenship, she rose, like the fabled Phœnix, from the ashes of her desolation. Like Anteus of old, rejuvenated and reinvigorated, she shook herself and is now invincible. Her adamantine Front, like old King Canute, now defies Neptune, and like him says, 'Thus far shalt thou go, and no further.' She says, 'Come! Come to our beautiful new city, risen, like rosy Venus, from the sea foam! Come to our homes and to our hearts, and let us tell you how we love the noble, generous, self-sacrificing doctors of Texas! Come! Come from the rock-ribbed hills and from the smiling plains now blooming in their beauty and budding with promise of the products that feed and clothe the world! Come from the mesquite hammocks and the cross-timbers and the Staked Plains and the Panhandle of Texas. We would do you honor. We would send you home with a song in your heart like that of the conch shell which, torn from its home on

Some distant starlit isle,
Where rhythmic wavelets break o'er silv'ry sands,

carries bright memories in its heart and ever sings the sad song of the sounding sea,—and we pray that you never forget us!'

"Can you resist that appeal, my colleagues? Can you deny her—in the language of the boys—'a show for her white alley?' God forbid! Let us gladly go. Let us make her glad. Let us enjoy the feast of reason and the flow of soul she is storing up for us! We have come to beautiful Corpus for the first time. We have breathed the sea breezes, salt-laden and salubrious, and have drunk in deep draughts of health. We have feasted on the dainty sea trout and the flounders and the mackerel and the snapper, and, like Oliver Twist, I for one, 'want more.' Let us go! There, every facility for the work to be done will be afforded us. There, is our great school of medicine, the pride of Texas. Its grand buildings with spacious halls, corridors and pavilions will be turned over to us, and our House of Delegates, our sections and joint sessions can be held under one roof and in adjoining rooms. Sandwiched between meetings, bathing in the surf, receptions adorned by the beauty, wit and grace of her matchless women; dances for the gay and banquets for the convivial, and speech-making and toasts and responses for all,—and back seats for none; sails on the bay, fish-

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frys on the beach, and, oh! the delicious oyster roasts down the Island. All these await us! The memory of them still lingers with us and the anticipation makes my mouth water.

"The eloquent gentleman from Dallas boasts that that city is the head of navigation and in telephonic communication with the moon! Let it not be forgotten that Galveston is the *source* of navigation and in telepathic touch with the planet Mars, and that she is giving the Martians pointers on seawall building and canal digging! And when the cut-off at Panama shall have been completed and the Pacific ocean brought to our very doors, Galveston will become the greatest seaport in the world, and her teeming millions will embrace representatives of every nation under the sun! Let us go to the seashore. The beautiful city beckons us. Her citizens invite us. Our brethren beseech us, and the lovely women lure us with smiling eyes!"

On the show-down Galveston won out, 44 to 16.

THE "Red Back" always has something out of the ordinary,—short and sharp, and strong papers by able writers, worth preserving. Those who do not get it—get left. Subscribe now. Volume XXIV begins next month, July.

NOTICE.—I desire to buy an unopposed practice, and will buy property if same suits me. West of San Antonio, south of the T. & P. R. R. Temperance place. Have cash to pay for what suits me. Will want possession November. Write all particulars, especially roads, churches, lodges, nationality of patrons, etc. Address J. L. G., TEXAS MEDICAL JOURNAL, Austin, Texas.

Correspondence.

Dr. Shufeldt's "The Negro—A Menace to American Civilization."

LONDON, ENGLAND, May 7, 1908.

To the Editor Texas Medical Journal.

SIR: May I, as an outsider, but not an "alien," crave a little of your valuable space for a few remarks on this work, to which my attention has recently been called as again raising the whole question of "the black eyesore" in an acute form. Equipped as he

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is with all the armature acquired from his ethnological and anatomical studies, and from long and close contact with the negroes, the author speaks at first hand with a commanding voice that few others could pretend to. Hence, when he tells us that in writing the book he has been actuated by no other motive than that of "telling the truth most plainly and fully, his conclusions on the many complex factors of the problem will at least be taken into serious consideration, though they may not succeed in securing universal assent. The issues raised are too numerous and involved to hope for an immediate solution, and for he present all that can be reasonably expected is some such full and frank statement of the case as is here presented to the reader.

In support of Dr. Shufeldt's general argument, I should like here to dwell more particularly on two points—*the negro's intellectual stagnation* and the effects of miscegenation—on both of which I may claim to speak with some confidence, if not altogether convincingly.

I. I believe I was among the first anthropologists to enter a strong protest against the assumptions of those philanthropists and sham sentimentalists who on political, social and religious grounds rashly proclaimed the fundamental equality of all the races, and preached the doctrine that the Zulu-Kaffirs and other Africans stood on the same mental level as the Aryan-speaking white peoples. So far back as the year 1884 I pointed out in the Encyclopedia Britannica (9th edition) that such equality was belied by the history of human culture, and disproved by the physical structure of the black man's brain cap. "The cranial sutures close much earlier in the negro than in other races." To this premature ossification of the skull, preventing all further development of the brain, many pathologists have attributed the inherent mental inferiority of the blacks, an inferiority which is even more marked than their physical differences. No one has more carefully studied this point than Filippo Manetta, who, during a long residence on the plantations of the Southern States of America, noted that the negro children were sharp, intelligent and full of vivacity, but in the adult state the intellect seems to become clouded, animation giving place to a sort of lethargy, briskness yielding to indolence. With the white the volume of the brain grows with the expansion of the skull; with the negro the growth of the brain is, on the contrary, arrested by the early closing of the cranial sutures. (*La Razza negra,* Turin, 1864, p. 20.) Later the same phenomena, causing stagnation of both the mental and moral faculties, was

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noted by other observers such as Colonel A. B. Ellis and Captain Binger, the latter declaring that "this intellectual arrestment agrees with what we see in these regions (Soudan); through the sealing up of the brain cavity the development of the skull is arrested, and the brain does not develop to advantage." (Quoted in my *Ethnology,* page 44.) Moral, no less than the purely intellectual qualities remain at the animal stage is evident from the unbiased testimony of such observers as Captain Ruffin, of Richmond, Va., and especially the Rev. Dr. Tucker, who stated at the American Church Congress for 1883 that he "knew of whole neighborhoods where there is not one single negro couple, whether legally married or not, who are faithful to each other beyond a few weeks. * * * The most pious negro that I know is confined for an atrocious murder, and he persists in saying that he can see no offense against God in his crime, though he acknowledges an offense against man." He had not yet grasped the distinction between *sin* and *crime.* His moral faculties were still infantile, and it is this very infantile condition of the negro temperament, combined with an ineradicable strain of animal ferocity, that makes the negro element such a "menace to American civilization."

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I may incidentally remark that the cranial capacity on which the mentality depends stands in Soudan at about 1300 cc., as compared with Dubois' *Pithecanthropus erectus* (900 or perhaps 1000), and the average Anglo-American (1600). The average negro is thus intellectually about midway between the human precursor (early Pliocene men) and the present most advanced civilized people. In other words, he lags in terms of time at least one million years behind. Such is the inference to be drawn from the data supplied by physical anthropology.

II. Racial temperaments resemble physical temperatures in that the union of the two of either results in equilibrium. Hence the union, the intermingling, of two races of different cultural level means the relative upheaval of the lower at the expense of the higher. Consequently, the "Afro-American," now much spoken of, is necessarily a debased creature compared with the typical Anglo-American of more or less pure "Anglo-Saxon" or British descent. It follows that if this Afro-American element is on the increase, the Anglo-American element has entered on a process of decay which must end in all-round debasement unless arrested. Can such a dismal prospect be looked upon with equanimity by that "Little American" section of the community which, like our (I fear) still more numerous "Little Englanders" have always the first word for the alien, the second only for themselves? For it is to be noticed that the degradation would not be confined to the Southern States, but would inevitably spread like a pestiferous contagion over the whole union. Indeed, it already threatens to spread, and a silent northward movement appears to have recently set in, the Southern blacks even now pouring into the city of New York, as I am informed, not by alarmists, but by cool-headed observers here. Of this aspect of the question I read almost with terror the warning note raised by Dr. Shufeldt, who tells us that "there are plenty of people in this country of ours who would far rather see the entire white race here robbed by heroic injections into their veins of all the saveragery and criminality there is in the negro than have any number of the latter in any way inconvenienced by their being returned to the country from which their ancestors came." Such fanatical regard for the susceptibilities of a race, which, after all, is entitled to scant respect, becomes a crime against humanity, and, if persisted in, would end in national suicide. Surely they can not shut their eyes to the deadly result of miscegenation in Latin America, although here the crosses have mainly been between the whites and Americans, the latter being in most respects a far superior race to the blacks, so that the resultant Hispano

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and Lusitano-American Meztizos must be assumed to be of better type than the Afro-Americans. Dealing with the various degrees of intermixture, Sir Harry Johnson aptly remarks that the white and black stock "are too widely separated in type to produce a satisfactory hybrid." This observer, who has had more to do with the African aborigines than any other man living, also holds that the pure and unadulterated negro can not advance with any certainty of stability above his present level of culture without admixture of a somewhat higher race, such as the Indian coolie. Then the blend of these two races "would give the Indian the physical development which he lacks, and he in his turn would transmit to his half-negro offspring the industry, ambition and aspiration toward the civilized life which the negro so markedly lacks." (Quoted in my *Man Past and Present*, page 265.) The infusion of such a Hindu strain has even been suggested as a possible means of improving or elevating the North American negro. But I do not consider such a product as at all practical and hold with Dr. Shufeldt that the only ultimate remedy for the growing evil must be "separation," or in plain removal or excision from the body politic. But a consideration of the various schemes by which it is proposed to effect this and thereby disperse the "black cloud" does not fall within the scope of the present communication. I am, sir,

Yours faithfully,

[Signed] A. H. KEANE, LL. D.,
Late Vice-President Royal Anthropoligical Institute.
Arám Gáh, 79 Broadhurst Gardens,
South Hamstead, London, N. W.

DR. U. E. G. DYER has removed from Houston to Ballinger, and limits his practice to diseases of the eye, ear, nose and throat. He has just returned from Chicago and New York, where he has completed a course of special instruction.

Abstracts and Selections.

A Few "Buts."

"Just keep your heart a beating warm,
Be kind to every fellow;
Look for rainbows in the storm,—
But carry an umbrella."

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"Be strong to battle in the strife,
Be true when others doubt you;
Don't think that money's all in life,—
But carry some about you."

"And when 'tis time to shuffle off,
And you have done your mission,
Just put your trust in Providence,—
But call a good physician."

"And when you settle up accounts,
Prepared to shun life's ills,
Please do not act as many do,—
But pay your doctor bills."

[The "Red Back" is indebted to Dr. Wilkins, of Wellington, Texas, for the above.]

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As Hubbard Sees It.

John Burroughs describes old age as a letting go—a gradual lessening of interest in things which you once thought were vital. And with this letting go should come, and usually does, a glad relief. The fear of poverty, the dread of loss, apprehension concerning social position, the desire for approbation, all these slip away in the person of a well-ordered mind as the years advance. The desire to kill things dies, and all the great living, pulsing world of nature seems a little closer, nearer, dearer, more beautiful. And then for the first time we have leisure to think, contemplate and enjoy. Then for the first time we realize that nothing much matters after all.

Then is the time to enjoy. The individual is cosmopolitan—people interest more than persons.

But this fine life of the intellect can only go with the temperate life, the life of moderation.

Let us look to ourselves for health, not to the doctors. People who are forever taking note of their sensations and who send for a doctor if they feel bad, instead of figuring out in their own minds why they feel bad and avoiding the cause, are candidates for the ether cone. Those who are given to the pleasures of the table are preparing for the pleasures of the operator's table.

The average length of life would be increased immensely if we would just begin to "Know Thyself." As it is now, we depend on the doctors to cure us if we are sick, and if worse comes to worst, we are fully prepared to go to the hospital and have the surgeon remove the inflamed organ. Wouldn't it be better to so live that no inflammation would follow?

Disease comes only to those who have been preparing for it. Disease is a sequence postponed by Nature as long as she can, and then, discouraged, she says "Let 'er go—back to the Mass!"

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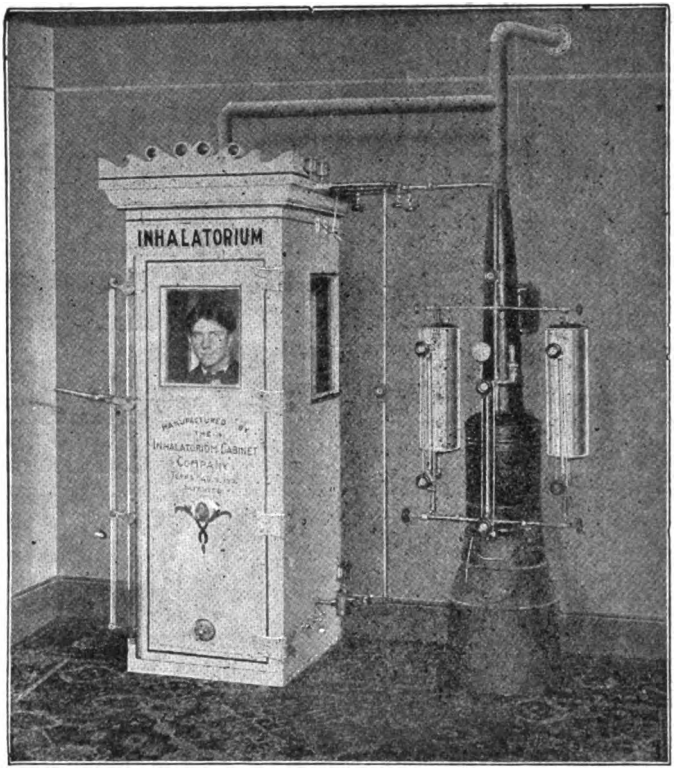

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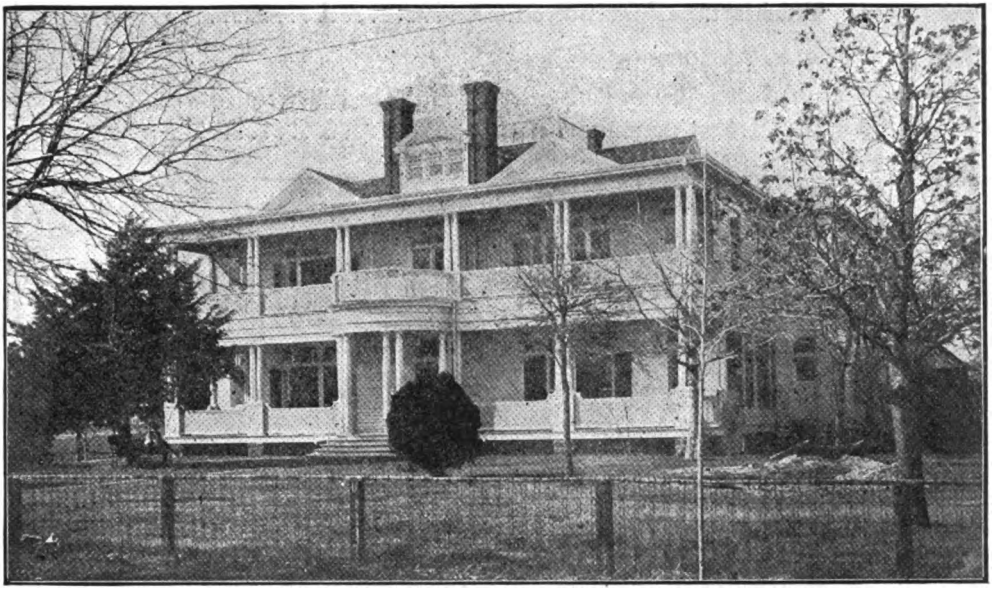

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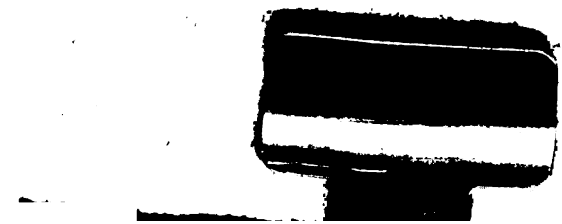

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